

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43876

FILED
Apr 27, 2006
Secretary of State

Entity Name: ASSET MANAGEMENT, INC.

Current Principal Place of Business:

2564 N.W. 13TH STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

2624B NW 13TH ST.
GAINESVILLE, FL 32609 US

Current Mailing Address:

2564 N.W. 13TH STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

2624B NW 13TH ST.
GAINESVILLE, FL 32609 US

FEI Number: 59-2315440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, BETSY S
4714 NW 19TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITAKER, BETSY
Address: 4714 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: WHITAKER, JOHN
Address: 5823 NW 26TH ST
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY S. WHITAKER

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date