

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90360 001 \*\*\*600.00

**DOCUMENT # F98000004261**

1. Entity Name  
**ASSET REALIZATION OF DELAWARE, INC.**



Principal Place of Business  
**5401 W. KENNEDY BLVD.  
SUITE 751  
TAMPA, FL 33609**

Mailing Address  
**C/O GREG MORRIS  
2325 ULMERTON RD., STE. 20  
CLEARWATER, FL 33762**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-3234697**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**MORRIS, GREGORY D  
2325 ULMERTON ROAD, SUITE #20  
CLEARWATER, FL 33762**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	MCNEEL, VAN L	
STREET ADDRESS	5401 W. KENNEDY BLVD., SUITE 751	
CITY- ST- ZIP	TAMPA, FL 33609	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	WOOD, RENE M	
STREET ADDRESS	5401 W. KENNEDY BLVD., SUITE 751	
CITY- ST- ZIP	TAMPA, FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRIS, GREG	
STREET ADDRESS	2325 ULMERTON RD, STE 20	
CITY- ST- ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	Change <input checked="" type="checkbox"/> Addition
NAME	MCNEEL, CLAYTON W	
STREET ADDRESS	5401 W Kennedy Blvd, SUITE 751	
CITY- ST- ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print #

4/30/07

(F13) 256 8680