

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # J67116

1. Entity Name
ASTERISK REALTY, INC.



Principal Place of Business
**2848 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33306 US**

Mailing Address
**% FREDERICK H. INGHAM
P O BOX 11047
FT LAUDERDALE, FL 33339-1047 US**



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0002500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INGHAM, FREDERICK H.
2848 NE 25TH ST
FT LAUDERDALE, FL 33305**

**DO NOT WRITE
IN THIS SPACE**

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.

(If FEI Registered Agent signature required when returning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
INGHAM, FREDERICK H.
2848 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DV
INGHAM, RICHARD S
2848 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VDT
INGHAM, RICHARD S, JR
2848 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
INGHAM, TIMOTHY C
2848 OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
SODERLUND, MARJORIE H
2848 E OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000497601
04/22/06-80061-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #