

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M93319
 1. Entity Name
AS/GBI CORPORATION



| | |
|--|--|
| Principal Place of Business % GATOR BOWL INN 455 HAINES STREET JACKSONVILLE, FL 32202 | Mailing Address % GATOR BOWL INN 455 HAINES STREET JACKSONVILLE, FL 32202 |
|--|--|

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|---|
| 4. FEI Number 59-2928962 | Applied For <input checked="" type="checkbox"/> Not Applicable |
|-----------------------------|---|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
 SUITE 201 ST MANNS PLACE
 1930 SAN MARCO BLVD
 JACKSONVILLE, FL 32207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | DPST SHAH, ARVIND % 455 HAINES STREET JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DESAI BHAGIRATH C/O 455 HAINES STREET JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SHAH, JASHWANT 455 HAINES ST JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 04/20/04-80052-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JASHWANT SHAH VP. **4-19-04 9043538231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #