

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90466 009 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

60045068



DOCUMENT # N97000007042					
1. Entity Name ASBURY ARMS NORTH, INC.					
Principal Place of Business 1430 DIXON BOULEVARD COCOA, FL 32922			Mailing Address 1430 DIXON BOULEVARD COCOA, FL 32922		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3486188	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		03232007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name DIVITO, JOSEPH A			Name		
Address 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip			Zip Code		
Zip			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 _____ DATE _____					
Signature, typed or printed name of registered agent and date (typed name) (NOTE: Registered Agent's signature required when not filing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINNER, WILLIAM R 1002 BARTON BLVD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, WADE A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 275 Eagle Lane Merritt Island, FL 32953		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIEL, BARBARA R 200 MARLIN DR MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dean, Nancy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4420 Hartville Ave Cocoa, FL 32926		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICK, SANDRA F 2816 TULANE DRIVE COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larabee, Carl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2622 Horseshoe Ct. Cocoa, FL 32926		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, LELAND W JR 1493 ROCKLEDGE DR ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGaffie, Dave Rev. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3 N. Hardie Circle Rockledge, FL 32955		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, CARL C <input checked="" type="checkbox"/> Delete 1493 ROCKLEDGE DR ROCKLEDGE, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Harold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16 Bonaventure Ct. Rockledge, FL 32955		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, DAVID <input type="checkbox"/> Delete 1925 LAZYLN COCOA, FL 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Russell, Carl C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1493 Rockledge Dr. Rockledge, FL 32955		
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 617, 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: <u>Andrew Giel</u>				Date: <u>4-23-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	