

ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 042 ****61.25

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
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DO NOT WRITE IN THIS SPACE

40104000



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3486188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DIVITO, JOSEPH A
4514 CENTRAL AVENUE
ST. PETERSBURG, FL 33711**

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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	VP WINNER, WILLIAM R 1002 BARTION BLVD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIEL, BARBARA R 200 MARLIN DR MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICK, SANDRA F 2816 TULANE DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, LELAND W JR 1493 ROCKLEDGE DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, WADE A 275 EAGLE LANE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, DAVID 1925 LAZYLN COCOA, FL 32926

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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.