

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90260 014 ***150.00

DOCUMENT # P00000025416

1. Entity Name
ASELAGE ENTERPRISES, INC.



Principal Place of Business
**1813 WARDS LANDING CT.
ORANGE PARK, FL 32073**

Mailing Address
**1813 WARDS LANDING CT.
ORANGE PARK, FL 32073**

24053237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3629125

Applied For
Not Applicable

Zip
32003

Country

Zip
32003

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, GRADY H JR LLM
1279 KINGSLEY AVE., STE. 117
ORANGE PARK, FL 32073**

Name

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

1543 Kingsley Ave

Building 5

City **Orange Park**

FL

Zip Code **32073**

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.

SIGN. _____ (Printed Name of Registered Agent) _____ (Signature) _____ (Date)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ASELAGE, WILLIAM H**
STREET ADDRESS **1813 WARDS LANDING CT.**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ASELAGE, JOAN M**
STREET ADDRESS **3813 WARDS LANDING CT.**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William H. Aselege William H. Aselege 4/22/04 278-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #