

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000045851

1. Entity Name
ASSET ASSOCIATES, INC.



Principal Place of Business
**P. O. BOX 858
PONTE VEDRA BCH, FL 32082**

Mailing Address
**P. O. BOX 858
PONTE VEDRA BCH, FL 32082**



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3466870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEMONS, MARVIN C
10036 SAWGRASS DR. WEST, SUITE 4 SOUTH
PONTE VEDRA BCH, FL 32082**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEMONS, MARVIN C
10036 SAWGRASS DR. WEST, SUITE 4 SOUTH
PONTE VEDRA BCH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEMONS, BETTY
181 WATER OAK DR
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEMONS, L. CLARKE
181 WATER OAK DR
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000359991
05/05/05-80015-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05 904-273-2999

Date

Daytime Phone #