

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 07, 2006 8:00 am
Secretary of State

06-12-2006 90001 036 ***150.00

07-07-2006 90002 017 ***400.00

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 10038 SAWGRASS DR. WEST, SUITE 4 SOUTH PONTE VEDRA BCH, FL 32082		7. Name and Address of New Registered Agent Name: MARVIN C. LEMONS Street Address (P.O. Box Number is Not Acceptable): 148 SP. NW BAKERS REACH DRIVE - MAIL - P.O. Box 1632, AFB, FL 32004 City: PONTE VEDRA BCH FL Zip Code: 32082	
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: <i>[Signature]</i> (MARVIN C. LEMONS) 6-8-06 DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		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	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 secretary 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 attached sheet with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> MARVIN C. LEMONS 6-8-06 904-273-2999 DATE			

50021784


05162006 Chg-P CR2E034 (11/05)

ASSET ASSOCIATES

SchwabOne®

1107

ATTACHMENT

DATE 4-27-06

9-0/210
150

PAY TO THE
ORDER OF

Florida Dept of State

\$ 150.00

Pre Washed Figs + Co/10

DOLLARS

Charles Schwab

THE BANK N.A.
FIDELITY & SECURITY

PO0000045801

[Signature]

1:931000053: 70118134820 24102