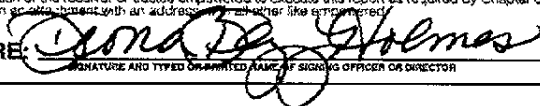


FILED
Mar 16, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000001199 1. Entity Name AMERICAN STRIPER ASSOCIATION, INC.			
Principal Place of Business 15 GARNETT AVE ST. AUGUSTINE, FL 32084		Mailing Address 15 GARNETT AVE ST. AUGUSTINE, FL 32084	
DO NOT WRITE IN THIS SPACE		03122004 No Chg-P CR2E034 (10/03)	
		4. Hef Number 65-1074951 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent LEHEL, LARRY 5100 N FEDERAL HWY STE 409 FT LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE	
9. 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 fee, if applicable. (NOTE: Registered Agent signature required when returning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		U000000089875 03/16/04-800006-016 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		DP HOLMES, JACK 15 GARNETT AVE ST. AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		DST HOLMES, DEONA 15 GARNETT AVE ST. AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(x), 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 337, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address or other like employment.			
SIGNATURE: 		3-12-04 904-819-0360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	