

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051556

Entity Name: ASSETT, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

40347 U.S. HWY. 19, NORTH, STE. 136
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

PO BOX 676
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3731049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONIZETTI, LARRY
40347 U.S. HWY. 19, NORTH, STE. 136
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONIZETTI, LARRY
Address: 950 CARSTAIRS CT.
City-St-Zip: TARPON SPRINGS, FL 34698

Title: D () Delete
Name: EUBANKS, BOB
Address: 3617 ROBLAR AVE.
City-St-Zip: SANTA YNEZ, CA 93460

Title: D () Delete
Name: MCINNES, BETSY
Address: 604 WESTOVER DR.
City-St-Zip: NASHVILLE, TN 37205

Title: D () Delete
Name: HEWETSON, GARY
Address: 18400 GULF BLVD., UNIT 1309
City-St-Zip: INDIAN SHORES, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY DONIZETTI

D

02/21/2005

Electronic Signature of Signing Officer or Director

Date