

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000073588

1. Entity Name
ASKER EMPIRE, INC.



Principal Place of Business
1700 W INTERNATIONAL SPEEDWAY
STE 204
DAYTONA BEACH, FL 32114

Mailing Address
1700 W INTERNATIONAL SPEEDWAY
STE 204
DAYTONA BEACH, FL 32114



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASKER, ARAFAT N MR.
506 BRIAR OAK WAY
DELAND, FL 32724

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000348977
06/03/08-80009-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ASKER, ARAFAT N
506 BRIAR OAK WAY
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ASKER, ABED N
506 BRIAR OAK WAY
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

4-30-2008