



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90368 009 ***150.00

DOCUMENT # P02000109321 1. Entity Name ASK - LDR, INC.					
Principal Place of Business 1934 CHURCH STREET WEST PALM BEACH, FL 33409				Mailing Address 1934 CHURCH STREET WEST PALM BEACH, FL 33409	
2. Principal Place of Business <i>12700 Prosperity Farms Rd</i>		3. Mailing Address <i>12700 Prosperity Farms Rd</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04152004 Chg-P CR2E034 (10/03)	
City & State <i>Palm Beach Gardens FL</i>		City & State <i>Palm Beach Gardens FL</i>		4. FEI Number 41-2062471	
Zip <i>33409</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLICK, ABRAHAM J 11063 ELLISON WILSON RD. NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12700 Prosperity Farms Rd</i> City <i>Palm Beach Gardens</i> FL Zip <i>33409</i>	
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> DATE <i>4/15/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT GLICK, ABRAHAM J 11063 ELLISON WILSON RD. NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUEEHAN, RENEE 1973 WHEELER ROAD JUNO, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> Date <i>4/15/04</i> Daytime Phone #					