


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000118791</b> 1. Entity Name <b>ASIAN INDUSTRIES, INC.</b>			
Principal Place of Business <b>1659 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32246</b>		Mailing Address <b>1255 CHAFFEE RD. SOUTH JACKSONVILLE FL 32221</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
6. Name and Address of Current Registered Agent  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>HAYES, J.L. 1255 CHAFFEE RD. SOUTH JACKSONVILLE FL 32221</b> </div> <div style="width: 50%;">         7. Name and Address of New Registered Agent          Name          Street Address (P.O. Box Number is Not Acceptable)          City FL Zip Code       </div> </div>			



1st MOORE CR2E034 (10/04)

4. FEI Number **51-0437060** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	D HAYES, J.L. <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HAYES, J.L.	NAME	
STREET ADDRESS	1255 CHAFFEE RD. SOUTH	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32221	CITY- ST- ZIP	
TITLE	D HAYES, GLORIA M <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HAYES, GLORIA M	NAME	
STREET ADDRESS	1255 CHAFFEE RD. SOUTH	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32221	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

1000000289732  
 04/06/05-80038-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J L Hayes* **J L Hayes**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-4-05*  
 Date Daytime Phone #