

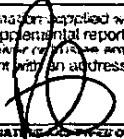
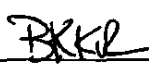
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-06-2004 90027 010 ***150.00

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DOCUMENT # P03000000930					
1. Entity Name ASKK COMPANY, INC.					
Principal Place of Business 9115 TUDOR CAY #107 TAMPA, FL 33615			Mailing Address 9115 TUDOR CAY #107 TAMPA, FL 33615		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 431989587				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELDERS, LINDA 9115 TUDOR CAY #107 TAMPA, FL 33615				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-electing) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	President	Linda Selders	9115 Tudor Cay #107		
		TPA FL 33615			
	VP	Richard White	9115 Tudor Cay #107		
		TPA FL 33615			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 partnership; that I am empowered to execute this report as required by Chapter 897, Florida Statutes; and that my name appears in Article 10 or Article 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:   4/2/04 8132451565					
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					