07-05-2005 90117 005 ***150.00
P03000001132

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 14 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000001132

1. Entity Name
ASR PLAZA INC.

Principal Place of Business	Mailing Address
6880 46 AVE N STE 250 ST PETERSBURG, FL 33709	6880 46 AVE N STE 250 ST PETERSBURG, FL 33709

06292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3096347 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDS-MCCLAIN, SUSAN 366 145 AVE MADERIA BEACH, FL 33708	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCLAIN, KENNETH W 6880 46 AVE N STE 250 ST PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Susan Richards-McClain 366 145th Ave Madeira Bch Fl 33708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RICHARDS-MCCLAIN, SUSAN W 6880 46 AVE N STE 250 ST PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Pres Kenneth W. McClain 366 145th Ave Madeira Bch FL 33708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Susan Richards-McClain 366 145th Ave Madeira Bch FL 33708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Susan Richards-McClain 6-29-05 727 692-8679
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #