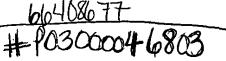
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # P03000046803** 1. Entity Name 02-27-2004 90038 006 \*\*\*150.00 ASCOT PARK II, INC. Principal Place of Business Mailing Address 5512 PALM LAKE CIRCLE 5512 PALM LAKE CIRCLE **bb4U00//** ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Numbe 20-0914**9**47 Not Applicable Zio Country Zìo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEIVE, KATHY D Street Address (P.O. Box Number is Not Acceptable) 316 N JOHN YOUNG PKWY STE 8 KISSIMMEE, FL 34741 City 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 Hie if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. R: Chand R. BRONSON Delete ☐ Change Addition S. TITLE TITLE NAME NAME 4545 Yowell Rd STREET ADDRESS STREET ADDRESS Kissinmee CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE nn e ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP ☐ Change Addition TIT F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with R. BRONSOU Sec. SIGNATURE: Daylims Phone #

**FILED** 

Attachment





Endoral Tay ID / EII

## This is your provisional Employer Identification Number: 20-0914947

Today's Date is: March 26, 2004 GMT

You will receive a confirmation letter in U.S. mall within fifteen days. The letter will also contain useful tax information for your business or organization.

It you have input any of the information on your application in error, please wait seven days and contact the EIN Toff Free area at 1-800-829-4933. Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.