

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90041 042 \*\*\*150.00

**DOCUMENT # P05000097116**

1. Entity Name  
ASA SURETY AGENCIES, INC.



Principal Place of Business  
2851 ENTERPRISE RD STE 103  
DEBARY, FL 32713

Mailing Address  
P O BOX 740967  
ORANGE CITY, FL 32774

46107500



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3136046

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

~~SPIEGEL & UTRERA, P.A.~~  
~~1840 SW 22ND ST.~~  
~~4TH FLOOR~~  
~~MIAMI, FL 33145~~

STACY ECKERT PA  
2445 S. VOLUSIA AVE  
ORANGE CITY, FL  
32763

**DO NOT WRITE  
IN THIS SPACE**

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 STACY ECKERT, PA

4-26-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
ASA, ROGER A  
2851 ENTERPRISE RD STE 103  
DEBARY, FL 32713

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rocce A. Asa

4-26-08

386-775  
9218

Date

Daytime Phone #