


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-03-2007 90058 036 ****50.00
06-08-2007 90001 016 ***100.00

DOCUMENT # P06000057091 1. Entity Name ASAP INVESTMENTS, INC.					
Principal Place of Business 507 EAST STREET LONGWOOD, FL 32750			Mailing Address 507 EAST STREET LONGWOOD, FL 32750		
2. Principal Place of Business No P.O. Box # 507 East Street		3. Mailing Address Suite, Apt. #, etc.			
City & State Longwood FL		City & State			
Zip 32750		Country USA		4. FEI Number 20-4820847	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FRANK, KIMBERLEE 507 EAST STREET LONGWOOD, FL 32750			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 <u><i>Kimberlee Frank</i></u> DATE <u><i>4-30-07</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST FRANK, KIMBERLEE 507 EAST STREET LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRANK, LARRY 507 EAST STREET LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 807, 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: <u><i>Kimberlee Frank</i></u>			DATE: <u><i>4-30-07</i></u>		

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