


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000010107 1. Entity Name ASSET REALIZATION, INC.	
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Principal Place of Business 100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA, FL 33601-3333	Mailing Address POST OFFICE BOX 3333 TAMPA, FL 33601-3333 US
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DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3349671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASMUSSEN, ROBERT C
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA, FL 33602

**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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCB GLENN, ROBERT B. 100 SOUTH ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RASMUSSEN, ROBERT C. 100 SOUTH ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS HOOKER, MICHAEL S 100 SOUTH ASHLEY DR. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANCO, SHARON DOCHERT 100 SOUTH ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/05-80034-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert C. Rasmussen, President 2-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #