

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010107

Entity Name: ASSET REALIZATION, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA, FL 336013333

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3333
TAMPA, FL 336013333 US

New Mailing Address:

FEI Number: 59-3349671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCB () Delete
Name: GLENN, ROBERT B.
Address: 100 SOUTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

Title: DP () Delete
Name: RASMUSSEN, ROBERT C.
Address: 100 SOUTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

Title: DVAS () Delete
Name: HOOKER, MICHAEL S
Address: 100 SOUTH ASHLEY DR.
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: DANCO, SHARON DOCHERT
Address: 100 SOUTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE RICHARDS-FIRM ADMINISTRATOR

FA

01/08/2007

Electronic Signature of Signing Officer or Director

Date