

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000023808**  
1. Entity Name  
**ASSET MONEY MANAGEMENT, INC.**



Principal Place of Business — Mailing Address  
**915 OAKFIELD DRIVE** — **PO BOX 2503**  
**D** — **BRANDON, FL 33509**  
**BRANDON, FL 33511**



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3232334** Applied For  
Not Applicable

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

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

**GILLETTE, TRACY D.**  
**915 OAKFIELD DRIVE**  
**D**  
**BRANDON, FL 33511**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | <b>P</b>                          |
| NAME           | <b>GILLETTE, TRACY D</b>          |
| STREET ADDRESS | <b>915 OAKFIELD DRIVE SUITE D</b> |
| CITY-ST-ZIP    | <b>BRANDON, FL 33511</b>          |
| TITLE          | <b>VP</b>                         |
| NAME           | <b>GILLETTE, KAREN L</b>          |
| STREET ADDRESS | <b>915 OAKFIELD DRIVE SUITE D</b> |
| CITY-ST-ZIP    | <b>BRANDON, FL 33511</b>          |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

**U000000499543**  
**04/24/06-80036-003 150.00**

**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**

**April 3, 2006** **813-914-0440**  
Date Daytime Florida #