

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90008 023 ***158.75

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1. Entity Name
ASPHERICS TECHNOLOGIES, INC.



Principal Place of Business

**2060 B WHITFIELD PK
SARASOTA, FL 34243 US**

Mailing Address

**2060 B WHITFIELD PK AVE
SARASOTA, FL 34243 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0669105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205**

**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

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, 2004 Fee will be \$880.00**

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
**DPTS
PETERS, LELAND
2060-B WHITFIELD PK AVE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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)(i), 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: *Leland J. Peters* **LELAND J. PETERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 2004 941-739-0844

Date

Daytime Phone #