## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** May 02, 2005 08:00 AM Secretary of State

	OCUMENT	#	P97	000	01	16	62
4	Entity Name						

STEVEN D. ASHER, P.A.



Principal Place of Business 1709 MORNINGSIDE DR QRLANDO, FL 32806

Mailing Address

1709 MORNINGSIDE DR ORLANDO, FL 32806



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04212005	No Chg-P	CR2E034 (10/03)

4. FEI Number 59-3424460 Applied For Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHER, STEVEN D 1709 MORINGSIDE DR. ORLANDO, FL 32806

## DO NOT WRITE

8. The above the obliga SIGNATURE.	tlons of registered agent.		ed office or r		THIS SPACE of th, in the State of Florida. I am familiar with, and accept  4/29/05
	Signature, typed or printed name of registered agent and like  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	DAYÉ
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	OFFICERS AND DIRECT D ASHER, STEVEN D 1709 MORNINGSIDE DR ORLANDO, FL 32806	CTORS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	05/03/05-80040-009 150.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN T	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
12. I hereby indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered	ling does not qualify for the exer and accurate and that my signat d to execute this report as requir	mption state ure shall haved by Chap	d in Section 119.07(3); ve the same legal effecter 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; 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