

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 90002 003 \*\*\*150.00  
P97000033315


**FILED**

05 OCT -6 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20060398



<b>DOCUMENT # P97000033315</b>			
1. Entity Name <b>ASPEN ENTERPRISES OF FLORIDA, INC.</b>			
Principal Place of Business <b>2136 ARIETTA POINTE COURT AUBURNDAL, FL 33823 US</b>		Mailing Address <b>2136 ARIETTA POINTE COURT AUBURNDAL, FL 33823 US</b>	
2. Principal Place of Business <i>Lakeview Rd Park</i>	3. Mailing Address <i>2136 Arietta Pk</i>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <i>Auburndale FL</i>	City & State <i>FL</i>	4. FEI Number <b>59-3441687</b>	Applied For <input type="checkbox"/> Not Applicable
Country <i>US</i>	Zip <i>33823</i>	Country <i>US</i>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		06172005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>BOGGIE, ROBIN 2136 ARIETTA POINTE CIRCLE AUBURNDAL, FL 33823</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOGGIE, ROBIN 2136 ARIETTA POINTE COURT AUBURNDAL, FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robin Boggie</i>		6/27/05 863 602 5122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

*Recreated in error. Filed as A/E w/penalties*