2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State
03-08-2005 90177 020 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P97000057372

1. Entity Name
THE ASKEW GROUP, INC.

Principal Place of Business	Mailing Address
~~15429 N FLOIRDA AVE~~ ~~TAMPA FL 33618~~ 236 Plantation Springs Dr Florence, AL 35630	~~14632 VILLAGE GLEN CIRCLE~~ ~~TAMPA FL 33618~~ ← SAME
2. Principal Place of Business: 236 Plantation Springs Dr. Suite, Apt. #, etc.	3. Mailing Address: 236 Plantation Springs Dr Suite, Apt. #, etc.
City & State: Florence, AL	City & State: Florence, AL
Zip: 35630 Country: USA	Zip: 35630 Country: USA

4. FEI Number: 59-3454541 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASKEW, MARY JOYCE 3706 Brickell Court
~~15429 N FLOIRDA AVE~~ ~~236 Plantation Springs Drive~~
~~TAMPA FL 33618~~
~~Florence, AL 35630~~ 34639
~~Tampa~~ Land O'Lakes, FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASKEW, MARY J	NAME	
STREET ADDRESS	~~15429 N FLOIRDA AVE~~ 236 Plantation Springs Drive	STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33618~~ Florence, AL 35630	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Mary Joyce Askew Mary Joyce Askew 3/4/05 256-764-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #