



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90034 023 ***150.00

DOCUMENT # P98000084441 1. Entity Name ASA GAINESVILLE INC.					
Principal Place of Business 100 S.W. 75TH ST STE 102 GAINESVILLE, FL 32607			Mailing Address 100 S.W. 75TH ST STE 102 GAINESVILLE, FL 32607		
2. Principal Place of Business 100 S.W. 75TH ST. Suite, Apt. #, etc. SUITE 101 City & State GAINESVILLE, FL Zip 32607		3. Mailing Address 100 S.W. 75TH STREET Suite, Apt. #, etc. SUITE 101 City & State GAINESVILLE, FL Zip 32607			
4. FEI Number 59-3541659		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent INDEST, GOERGE F 220 E. CENTRAL PARKWAY SUITE 2030 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name JAY PRAVDA Street Address (P.O. Box Number is Not Acceptable) 3307 S.W. 26TH AVE., #101 City OCALA FL Zip Code 34474		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/5/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PRAVDA, JAY 100 SW 75TH ST STE 101 GAINESVILLE, FL 32607		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ JAY PRAVDA, PRESIDENT				Date 3/5/04 Daytime Phone # 352-598-8866	