

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 015 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000090318

1. Entity Name
ASI SERVICES, INC.



Principal Place of Business
**1325 SNELL ISLE BLVD.
SUITE 211
ST. PETERSBURG, FL 33704**

Mailing Address
**1325 SNELL ISLE BLVD.
SUITE 211
ST. PETERSBURG, FL 33704**

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07012004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3538810

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILKEY, KEVIN R
1325 SNELL ISLE BLVD.
SUITE 211
ST. PETERSBURG, FL 33704**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
**PCT
ALLER, JOHN F
1281 SHELL ISLE BLVD, N.E
SAINT PETERSBURG, FL 33704** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AUER, JOHN F
1325 SNELL ISLE BLVD. #211
ST. PETERSBURG, FL 33704** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MILKEY, KEVIN R
605 14TH AVE NE
SAINT PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Kevin Milkey **Kevin Milkey**

7/1/04
Date

727-821-8765
Daytime Phone #