

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90037 006 ***150.00

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 805 Executive Center Dr. W Suite 300 St. Petersburg FL 33702 Country USA		3. Mailing Address 805 Executive Center Dr. W Suite 300 St. Petersburg FL 33702 Country USA	
01232006 Chg-P CR2E034 (11/05)			
4. FEI Number 59-3538810		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MILKEY, KEVIN R 1325 SNELL ISLE BLVD. SUITE 211 ST. PETERSBURG, FL 33704	
7. Name and Address of New Registered Agent Name: <u>Milkey, Kevin R.</u> Street Address (P.O. Box Number is Not Acceptable): <u>805 Executive Center Dr. W Suite 300</u> City: <u>St. Petersburg</u> FL Zip Code: <u>33702</u>		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: <u>Kevin Milkey, VP</u> DATE: <u>1/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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: PCT NAME: AUER, JOHN F STREET ADDRESS: 1325 SNELL ISLE BLVD. #211 CITY-ST-ZIP: SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete	TITLE: <u>805 Executive Center Dr. W, Suite 300</u> NAME: <u>St. Petersburg, FL 33702</u> STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: MILKEY, KEVIN R STREET ADDRESS: 605 14TH AVE NE CITY-ST-ZIP: SAINT PETERSBURG, FL 33701	<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"/> 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 exemptions contained in Chapter 119, 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: <u>Kevin Milkey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>1/26/06</u>	DAYTIME PHONE: <u>727-821-8745</u>