


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90071 029 \*\*\*150.00

DOCUMENT # P99000086873		
1. Entity Name ASI UNDERWRITERS CORP.		

Principal Place of Business 805 EXECUTIVE CNTR DR W STE 300 SAINT PETERSBURG, FL 33702	Mailing Address 805 EXECUTIVE CNTR DR W STE 300 SAINT PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
MILKEY, KEVIN 805 EXECUTIVE CNTR DR, W STE 300 SAINT PETERSBURG, FL 33702	

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCT <input type="checkbox"/> Delete	TITLE	PCT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUER, JOHN F.	NAME	Auer, John
STREET ADDRESS	2143 BAYON GRANDE, BLVD NE	STREET ADDRESS	1817 Brightwaters Blvd NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILKEY, KEVIN R	NAME	
STREET ADDRESS	605 14TH AVE. NE	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Kevin Milkey</i>	1/14/08 727-821-8765 ext. 202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #