

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 029 ***558.75

DOCUMENT # P99000111172

1. Entity Name
ASM CONSULTING, INC.



Principal Place of Business
**6 SANDY HOOK RD. NORTH
SARASOTA, FL 34242**

Mailing Address
**6 SANDY HOOK RD. NORTH
SARASOTA, FL 34242**

54060457



2. Principal Place of Business
6221 Glen Abbey Lane

3. Mailing Address
6221 Glen Abbey Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07042004

Chg-P

CR2E034 (10/03)

City & State
Bradenton FL

City & State
Bradenton FL

4. FEI Number
65-0972315

Applied For
Not Applicable

Zip
34202

Country
USA

Zip
34202

Country
USA

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

**MILLER, ALLEN S
6 SANDY HOOK RD. NORTH
SARASOTA, FL 34242**

Name

Street Address (P.O. Box Number is Not Acceptable)
6221 Glen Abbey Lane

City
Bradenton

FL

Zip Code
34202

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

Allen S. Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/4/04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MILLER, ALLEN S
6 SANDY HOOK RD. NORTH
SARASOTA, FL 34242** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6221 Glen Abbey Lane
Bradenton FL 34202** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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:

Allen S. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/04
Date

941-753-7989
Daytime Phone #