2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 27, 2004 8:00 am
Secretary of State
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01232004 Chg-P CR2E034 (10/03)

DOCUMENT # S33541

1. Entity Name
ASSOCIATED SUPPLIES UNLIMITED, NC.

Principal Place of Business	Mailing Address
1349 WEST OLIVE STREET LAKELAND, FL 33801	1349 WEST OLIVE STREET LAKELAND, FL 33801

2. Principal Place of Business	3. Mailing Address
	P.O. Box 2043507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LAKELAND FL
Zip: 33815 Country	Zip: 33815 Country

4. FEI Number: 59-3051398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ODOM, OWEN EVERETT
1349 WEST OLIVE STREET
LAKELAND, FL 33802

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	P ODOM, OWEN EVERETT 6111 YATES RD LAKELAND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKEY, CARL 160 S. PENN AVENUE LAKE ALFRED, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKEY, CARL PO Box 155 LAKE ALFRED, FL 33850	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Owen Everett Odom 1-23-04 (863) 682-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: OWEN EVERETT ODOM Date Daytime Phone #