

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # S44672

1. Entity Name
D.N. ASBELL & ASSOCIATES, INC.



Principal Place of Business
**11602 GRACES WAY
CLERMONT, FL 34711 US**

Mailing Address
**11602 GRACES WAY
CLERMONT, FL 34711 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 59-3121562 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ASBELL, DOUG
11602 GRACES WAY
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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|------------------------------------------------|--------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ASBELL, DOUG 11602 GRACES WAY CLERMONT, FL 34711 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ASBELL, CYNTHIA 11602 GRACES WAY CLERMONT, FL 34711 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Douglas Asbell
Douglas Asbell

1/5/05
Date

650243-0334
Daytime Phone #