

158-75

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F42014

1. Entity Name  
ASHLEY CONSULTING, INC.



FILED

04 MAY 13 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3621 BELFAST DR  
TALLAHASSEE, FL 32309

Mailing Address  
3621 BELFAST DR  
TALLAHASSEE, FL 32309



03052003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2107520	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, JAMES D  
3621 BELFAST DR  
TALLAHASSEE, FL 32309

**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) (If IE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASHLEY, J. DON
STREET ADDRESS	3621 BELFAST DR
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	S
NAME	ASHLEY, PAMELA
STREET ADDRESS	3621 BELFAST DR
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100036994351  
05/21/04--01059--006 \*\*308.85

**DO NOT WRITE  
IN THIS SPACE**

*PR 5/20*

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: J Don Ashley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 15 04

Date: \_\_\_\_\_  
Official Phrase # \_\_\_\_\_