


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003038 1. Entity Name ASHTON PARENTS BOOSTERS, INC.	
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Principal Place of Business 5110 ASHTON ROAD SARASOTA FL 34233	Mailing Address 5110 ASHTON ROAD SARASOTA FL 34233
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0592120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARDI, LES CPA 7061 S TAMiami TRAIL SARASOTA FL 34231-5559
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD MARSH, DAVE <input type="checkbox"/> Delete 5110 ASHTON ROAD SARASOTA FL 34233
TITLE	VD MINTZ, TERRI <input type="checkbox"/> Delete 5110 ASHTON ROAD SARASOTA FL 34233
TITLE	SD WARD, MARY <input type="checkbox"/> Delete 5110 ASHTON ROAD SARASOTA FL 34232
TITLE	TD WENKE, AMY <input type="checkbox"/> Delete 5110 ASTON ROAD SARASOTA FL 34233
TITLE	SD TRINCHETTO, CHERI <input type="checkbox"/> Delete 5110 ASTON ROAD SARASOTA FL 34233
TITLE	TD COVINGTON, STEPHANIE <input type="checkbox"/> Delete 5110 ASTON ROAD SARASOTA FL 34233

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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02/16/04 80029 016 61.25

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 617, 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: STEPHANIE COVINGTON 2/5/04 941924-9434