


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 049 ***150.00

DOCUMENT # P03000064740

1. Entity Name
ASHCROFT ENTERPRISES, INC.



Principal Place of Business
**200 E ROBINSON ST STE 500
 ORLANDO, FL 32801**

Mailing Address
**200 E ROBINSON ST STE 500
 ORLANDO, FL 32801**

94020702

2. Principal Place of Business
5413 DAHLIA RESERVE
 Suite, Apt. #, etc.

3. Mailing Address
20 N ORANGE AVE
 Suite, Apt. #, etc.
Suite 407



01132004 Chg-P CR2E034 (10/03)

City & State
KISSIMMEE, FL

City & State
Suite 407

Zip
34758

Country
USA

4. FEI Number
20-0081745

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HENDRY, STONER, DELANCETT & BROWN, P.A.
 20 N. ORANGE AVENUE
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 407
 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 *Stu Brown 2/14/04* 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 D <input type="checkbox"/> Delete	NAME GARBAS, COLIN	TITLE S, P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 5413 DAHLIA RESERVE
STREET ADDRESS 90 ASHCROFT RD	CITY-ST-ZIP STOPSLEY, LUTON BEDS LU2 9AX, UK	STREET ADDRESS 5413 DAHLIA RESERVE	CITY-ST-ZIP KISSIMMEE, FL 34758
TITLE D <input type="checkbox"/> Delete	NAME GARBAS, PAT	TITLE VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 5413 DAHLIA RESERVE
STREET ADDRESS 90 ASHCROFT RD	CITY-ST-ZIP STOPSLEY, LUTON BEDS LU2 9AX, UK	STREET ADDRESS 5413 DAHLIA RESERVE	CITY-ST-ZIP KISSIMMEE, FL 34758
TITLE	NAME	TITLE	NAME
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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)(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: *Stu Brown* DATE: 02/13/2004 DAYTIME PHONE #: 321 697 5448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR