


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000050454**  
 1. Entity Name  
**ASHLEY FINANCIAL SERVICES, P.A., CPA**



Principal Place of Business      Mailing Address  
**2856 CARRIE LANE**                      **2856 CARRIE LANE**  
**LAKELAND, FL 33813**                      **LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



01212005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0593186**                       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ASHLEY, P. JILL**  
**2856 CARRIE LANE**  
**LAKELAND, FL 33813**

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

**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

100000192920  
 01/25/05-80042-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	ASHLEY, P. JILL
STREET ADDRESS	2856 CARRIE LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	ASHLEY, FRANK M III
STREET ADDRESS	2856 CARRIE LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: P. Jill Ashley      1/21/05      863-446-1650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #