



**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90016 045 \*\*\*150.00

DOCUMENT # P99000057571					
1. Entity Name ASHFORD SERVICES INC.					
Principal Place of Business 3435 PHILIPS HIGHWAY B 208 JACKSONVILLE FL 32207		Mailing Address 3435 PHILIPS HIGHWAY B 208 JACKSONVILLE FL 32207			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc. A306		Suite, Apt. #, etc. A306			
City & State JAX FL		City & State			
Zip 32207	Country Duval	Zip 32207	Country Duval	4. FEI Number 59-3592175	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARTER, H C 3435 PHILIPS HIGHWAY B 208 JACKSONVILLE FL 32207				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 <i>H. C. Harter</i>					
<p><b>FILE NOW!!! FEE IS \$150.00.</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State.</b></p>					
10. OFFICERS AND DIRECTORS				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
TITLE	SPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, H C			NAME	
STREET ADDRESS	3435 PHILIPS HIGHWAY B 208			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>H. C. Harter</i>				Date 4-1-06 904	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

396 7090

ATTACHMENT

New address in 2 monts will be

2180 EMERSON ST.  
JACKSONVILLE, FL 32207

66008550  
# P99000057571