2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/11/2004-90014-015-$158.75-$158.75

FILED
04 FEB 20 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03)

DOCUMENT # P03000027972

1. Entity Name
ASHTON PLACE CORP.

Principal Place of Business	Mailing Address
4151 ASHTON ROAD SARASOTA FL 34233	4151 ASHTON ROAD SARASOTA FL 34233

2. Principal Place of Business	3. Mailing Address
4151 Ashton Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl.	City & State
Zip: 34233 Country: Sarasota	Zip Country

4. FEI Number: 13-4242432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVARY, JOHNSON S 22 S LINKS AE STE 300 SARASOTA FL 34236	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	D FINERTY, PAUL 4937 OXFORD DR SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAL, LUCIA 4937 OXFORD DR SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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2/20

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: Lucia Dial - Lucia Dial - Partner   2-4-04   941-349-7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #