

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F42014

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC2748376676**

**Entity Name:** ASHLEY CONSULTING, INC.

**Current Principal Place of Business:**

153 RIO VISTA DRIVE  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P.O. BOX 430  
SOPCHOPPY, FL 32358

**FEI Number:** 59-2107520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASHLEY, JAMES D  
153 RIO VISTA DRIVE  
SOPCHOPPY, FL 32358 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	S
Name	ASHLEY, J. DON	Name	ASHLEY, PAMELA
Address	153 RIO VISTA DRIVE	Address	153 RIO VISTA DR
City-State-Zip:	SOPCHOPPY FL 32358	City-State-Zip:	SOPCHOPPY FL 32358

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ASHLEY, J. DON

**PRESIDENT**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date