

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000050454

**Entity Name:** ASHLEY FINANCIAL SERVICES, P.A.

**Current Principal Place of Business:**

2710 SKIMMER POINT DR, S  
GULFPORT, FL 33707-3988

**Current Mailing Address:**

2710 SKIMMER POINT DR, S  
GULFPORT, FL 33707-3988 US

**FEI Number:** 65-0593186

**Certificate of Status Desired:** No

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

WOHL, THOMAS J  
425 S COMMERCE AVE  
SEBRING, FL 33870 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, V, T  
Name ASHLEY, PATRICIA JILL  
Address 2710 SKIMMER POINT DR, S  
City-State-Zip: GULFPORT FL 33707-3988

Title SECRETARY  
Name ASHLEY, PATRICIA JILL  
Address 2710 SKIMMER POINT DR, S  
City-State-Zip: GULFPORT FL 33707-3988

*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:** PATRICIA JILL ASHLEY

P,V,T,S

01/20/2024

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

\_\_\_\_\_ Date