

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057571

Entity Name: ASHFORD SERVICES INC.

Current Principal Place of Business:

2170 EMERSON STREET
JACKSONVILLE, FL 32207

Current Mailing Address:

2170 EMERSON STREET
JACKSONVILLE, FL 32207 US

FEI Number: 59-3592175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HURST, EARL A
2170 EMERSON STREET
JACKSONVILLE, FL 32207 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 PD
Name HURST, EARL A
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name PELLICER, CHARLES
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

Title ST
Name SULLIVAN, CINDY B
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name DEEN, RUTH A
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name FITZGERALD, DANIELLE
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name HURST, DONALD
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name HURST, CHRISTIAN
Address 2170 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

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: CINDY B. SULLIVAN

SECRETARY/TREASURER 01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date