


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90076 028 ****61.25

DOCUMENT # 718148 1. Entity Name HUGH ASH MANOR, INC.	
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Principal Place of Business 740 N WOODLAND BLVD DELAND, FL 32720	Mailing Address 740 N WOODLAND BLVD DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1349944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, WILLIAM E
 145 EAST RICH AVE.
 DELAND, FL 32720

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRELKELD, VIRGINIA 521 N FLORIDA AVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEST, EDWIN L 609 MARION CT DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGUE, JOHN A 812 EASTOVER CIR. DELAND, FL 327242903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORDEN, MRS PATRICIA 209 S FLORIDA AVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S BRAKEMAN, LORI 552 PRINCEWOOD DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, HENRY J 1157 GLENWOOD TRAILS DELAND, FL 32720

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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 617, 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: *Virginia E. Threlkeld* 4/27/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #