

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846206

Entity Name: ASHLEY F. WARD, INC.

FILED  
Feb 20, 2006  
Secretary of State

## Current Principal Place of Business:

7490 EASY ST.  
MASON, OH 45040

## New Principal Place of Business:

## Current Mailing Address:

7490 EASY ST.  
MASON, OH 45040

## New Mailing Address:

FEI Number: 31-0480900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, WILLIAM H  
84 INDUSTRIAL LOOP C/O ASHLEY WARD, INC.  
ORANGE PARK, FL 32073 US

## Name and Address of New Registered Agent:

WARD, WILLIAM H  
3525 ENTERPRISE WAY C/O ASHLEY WARD, INC.  
GREEN COVE SPRINGS, FL 32043 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: PAMELA A. STEPHENSON

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CH ( ) Delete  
Name: WARD, WILLIAM H CHARIMN  
Address: 7490 EASY ST.  
City-St-Zip: MASON, OH 45040

Title: PS ( ) Delete  
Name: BIEN, TERRY A PRES  
Address: 7490 EASY STREET  
City-St-Zip: MASON, OH 45040

Title: DOAF ( ) Delete  
Name: STEPHENSON, PAMELA  
Address: 7490 EASY ST.  
City-St-Zip: MASON, OH 45040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA A. STEPHENSON

DOAF

02/20/2006

Electronic Signature of Signing Officer or Director

Date