

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90267 047 ***150.00

DOCUMENT # F00000004134	
1. Entity Name ASTON CONSTRUCTION CORP.	

Principal Place of Business 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573	Mailing Address 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573
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20046151



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3659321	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent HUTCHINSON, RICHARD 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, THOMAS 137 S. PEBBLE BEACH BLVD. STE. 101 SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGENENDT, HARRY E. JR 137 S. PEBBLE BEACH BLVD. STE. 101 SUN CITY CENTER, FL 33573 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HUTCHINSON, RICHARD 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, MATTHEW P 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACKERMAN, DON E 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M COSTELLO, TOM 137 S. PEBBLE BEACH BLVD., STE 201 SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other jointly empowered.

SIGNATURE:  **Thomas Costello** **3/24/05** **813-633-5886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #