



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90280 032 \*\*\*150.00

<b>DOCUMENT # F00000006203</b> 1. Entity Name <b>ASTON ACQUISITION, INC.</b>						
Principal Place of Business <b>137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573</b>			Mailing Address <b>137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573</b>			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>65-0733337</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>HUTCHINSON, RICHARD 137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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 201 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOM COSTELLO 137 S. PEBBLE BEACH BLVD., STE 201 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HUTCHINSON, RICHARD 137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOFFMAN, MATTHEW 137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMENENDT, HARRY E. JR 137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOFFMAN, ALFRED JR. 137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AKERMAN, DON E 137 SOUTH PEBBLE BEACH BLVD., STE. 201 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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:  <b>Thomas Costello</b> <b>3/24/05</b> <b>913-633-5886</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						