

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006430

FILED
Jul 01, 2004
Secretary of State

Entity Name: ASH BROKERAGE CORPORATION

Current Principal Place of Business:

8515 BLUFFTON RD.
FORT WAYNE, IN 46809

New Principal Place of Business:

Current Mailing Address:

8515 BLUFFTON RD.
FORT WAYNE, IN 46809

New Mailing Address:

FEI Number: 35-1479222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROVER, JASON E
12421 N. FLORIDA AVE. STE. C-220
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ASH, TIM
Address: 8515 BLUFFTON RD.
City-St-Zip: FORT WAYNE, IN 46809

Title: VC () Delete
Name: ASH, JIM
Address: 5100 TAMiami TRAIL N STE. 143
City-St-Zip: NEWGATE CENTRE, FL 34103

Title: DS () Delete
Name: ROMAN, ALAN
Address: 8515 BLUFFTON RD.
City-St-Zip: FORT WAYNE, IN 46809

Title: DVP () Delete
Name: SCHAEFER, GARY
Address: 8515 BLUFFTON RD.
City-St-Zip: FORT WAYNE, IN 46809

Title: T () Delete
Name: PIETRO, RON D
Address: 8515 BLUFFTON RD.
City-St-Zip: FORT WAYNE, IN 46809

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:

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

Title: T (X) Change () Addition
Name: DIPIETRO, RON D
Address: 8515 BLUFFTON RD.
City-St-Zip: FORT WAYNE, IN 46809

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON DIPIETRO

_____ Electronic Signature of Signing Officer or Director

T

07/01/2004

_____ Date