2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G03168

1. Entity Name
N. REX ASHLEY, P.A.

Principal Place of Business	Mailing Address
1044 CASTELLO DR, 106 NAPLES, FL 34103 US	1044 CASTELLO DR, 106 NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2224696	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, N. REX
1044 CASTELLO DRIVE
SUITE 106
NAPLES, FL 34103

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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 title 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

TITLE	PS
NAME	ASHLEY, N. R
STREET ADDRESS	1044 CASTELLO DR. #106
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	ASHLEY, NOEL A
STREET ADDRESS	1029 WESTLAKE BLVD
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000329518
04/25/05-80123-006 150.00

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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 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: _N. Rex Ashley_ 4/20/05 239-261-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #