


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90197 024 \*\*\*150.00

<b>DOCUMENT # G93565</b> 1. Entity Name FOUR-A-ENTERPRISES, INC.	
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Principal Place of Business % CYNTHIA ASHTON 12399 SE 74TH TERR. BELLEVIEW, FL 34420 US	Mailing Address % CYNTHIA ASHTON 12399 SE 74TH TERR. BELLEVIEW, FL 34420 US
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2386764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ASHTON, CYNTHIA  
12399 SE 74TH TERR.  
BELLEVIEW, FL 34420

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHTON, SR., CHARLES M. 12399 SE 74TH TERR. BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ASHTON, CYNTHIA 12399 SE 74TH TERR. BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHTON JR, CHARLES M 12399 SE 74TH TERRACE BELLEVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cynthia Ashton 2/29/08 352-245-5316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #