## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J67795

Title:

Name:

Address:

City-St-Zip:

Entity Name: ASHE INDUSTRIES, INC

FILED Aug 12, 2005 Secretary of State

Littly Nan	ie. ASHL INL	JOSTRILO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4505 TRAN TAMPA, FL	ISPORT DR . 33605				
Current Mailing Address:			New Mailing Address:		
4505 TRAN TAMPA, FL	ISPORT DR . 33605				
FEI Number:	59-2802818	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MARKS, PA 307 S BOU SUITE D TAMPA, FL					
The above in the State		ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ASHE, STANLE	Delete Y E BLVD UNIT #2105	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ASHE, STEVEN 502 S. ALBANY TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ASHE, NEVIN	Delete MABRY HWY UNIT 4103 111	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY ASHE PSD 08/12/2005

() Delete

ASHE, ROBERT

212 S. MOODY AVE

TAMPA, FL 33606

() Change () Addition