

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J67795**

1. Entity Name  
ASHE INDUSTRIES, INC.



Principal Place of Business  
4505 TRANSPORT DR  
TAMPA, FL 33605

Mailing Address  
4505 TRANSPORT DR  
TAMPA, FL 33605

**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2802818

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MARKS, PAUL T  
307 S BOULEVARD  
SUITE D  
TAMPA, FL 33606

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000913873  
05/08/08-80034-010 300.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
ASHE, STANLEY  
3301 BAYSHORE BLVD UNIT #2105  
TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
ASHE, STEVEN  
502 S. ALBANY AVE UNIT #2  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
ASHE, NEVIN  
4207 S. DALE MABRY HWY UNIT 4103  
TAMPA, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
ASHE, ROBERT  
3107 W. SAN CARLOS ST  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08  
Date

813 247 2743  
Daytime Phone #