

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89570

FILED
Feb 14, 2006
Secretary of State

Entity Name: ASHLEY GLEN CORPORATION

Current Principal Place of Business:

% WILLIAM S. KONRAD
1410 N. WILSON AVE.
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

% WILLIAM S. KONRAD
1410 N. WILSON AVE.
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-2845946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONRAD, WILLIAM S.
1410 N WILSON AVENUE
BARTOW, FL 33830 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: DVSP () Delete
Name: KONRAD, WILLIAM S.,
Address: 3617 TOWN AVE.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DP () Delete
Name: MCCULLOUGH, JAMES
Address: 21 IDLEWILD ST
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM S. KONRAD

DVSP

02/14/2006

Electronic Signature of Signing Officer or Director

Date