

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # K51753

1. Entity Name
ASHMORE & ASHMORE, P.A.



Principal Place of Business Mailing Address
% JAMES R. ASHMORE **% JAMES R. ASHMORE**
109 S. MAIN ST. **109 S. MAIN ST.**
HAVANA FL 32333 **HAVANA FL 32333**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2915077** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
ASHMORE, JAMES R.
109 S. MAIN ST.
HAVANA FL 32333

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 state, if applicable. (NOTE: Registered Agent and firm requires when completing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00.
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	ASHMORE, JAMES R., CPA	185 SMALL POND ROAD	HAVANA FL	☐
D	ASHMORE, SHARRON L., CPA	185 SMALL POND ROAD	HAVANA FL	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Robert Ashmore 3/3/08 850 539 9783
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daying Phone #