


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90117 011 *****55.00

DOCUMENT # L03000014604	
1. Entity Name ASH SERVICES LLC	

Principal Place of Business 10265 GANDY BLVD N 813 ST PETERSBURG FL 33702	Mailing Address 10265 GANDY BLVD N 813 ST PETERSBURG FL 33702
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2. Principal Place of Business 13754 Marseilles Ct.	3. Mailing Address 13754 Marseilles Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33762	Zip 33762
Country USA	Country USA



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent ROHRET, KARIN 5290 SEMINOLE BLVD E/F ST PETERSBURG FL 33708	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired FD \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Jerry Weber	
Street Address (P.O. Box Number is Not Acceptable) 4922 E 38th Ave. N.	
City St. Petersburg	FL Zip Code 33710

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 <i>Jerry Weber</i>	DATE 4-10-04

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLEY, ALTON K 10265 GANDY BLVD N #813 ST PETERSBURG FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLEY, SHELLY R 10265 GANDY BLVD N #813 ST PETERSBURG FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hurley, Alton K 13754 Marseilles Ct. Clearwater, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hurley, Shelly 13754 Marseilles Ct. Clearwater, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE <i>Shelly D. Hurley</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Shelly Hurley
Date 4/2/04	Daytime Phone # 727-510-9190