2004 FOR PROFIT CORPORATION

Mailing Address

PO BOX 447

ANNUAL REPORT (AR) DOCUMENT # M68598 1. Entity Name **ASH-LEN CORPORATION**

Principal Place of Business

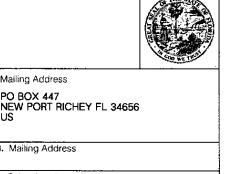
NEW YORK AVENUE

HUDSON FL 34667



FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90181 044 ***150.00



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2938386 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBB, MAXINE Street Address (P.O. Box Number is Not Acceptable) 6027 ARTHUR AVENUE **NEW PORT RICHEY FL 34653** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPINKS, WAYNE NAME NAME STREET ADDRESS 9905 W.RIVERWOOD DR. STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WEBB, MAXINE NAME STREET ADDRESS 6027 ARTHUR AVENUE STREET ADDRESS NEW PORT RICHEY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME MAARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

IE OF SIGNING OFFICER OR DIRECTOR