

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010592

Entity Name: ILE ASHO FUNFUN, INC.

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

10992 SW REGIMENT LOOP
TALLAHASSEE, FL 32305

New Principal Place of Business:

10992 SW REGIMENT LOOP
TALLAHASSEE, FL 32305 US

Current Mailing Address:

10992 SW REGIMENT LOOP
TALLAHASSEE, FL 32305

New Mailing Address:

10992 SW REGIMENT LOOP
TALLAHASSEE, FL 32305 US

FEI Number: 04-3835737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, AUSTIN
2013 BROAD ST.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOWMAN, BILL
Address: 10992 SW REGIMENT LOOP
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: JACKSON-LOWMAN, HUBERTA
Address: 10992 SW REGIMENT LOOP
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: STUBBS, PENELOPE
Address: 431 CLASSON AVE.
City-St-Zip: BROOKLYN, NY 11238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOWMAN, WILLIAM F
Address: 10992 SW REGIMENT LOOP
City-St-Zip: TALLAHASSEE, FL 32305

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. LOWMAN

D

01/11/2009

Electronic Signature of Signing Officer or Director

Date