2004 NOT-FOR-PROFIT CORPORATION

Apr 23, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N99000005237 1. Entity Name 04-23-2004 90267 021 ****61 25 ASHTON BIODIVERSITY RESEARCH & PRESERVATION INSTITUTE, INC. Principal Place of Business Mailing Address 14260 W NEWBERRY RD PRIVATE MAIL BOX 331 22215 SOUTH WEST 119TH AVE ARCHER FL 32618 NEWBERRY FL 32669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3613952 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 ASHTON, RAY E JR Street Address (P.O. Box Number is Not Acceptable) 14260- 331 WEST NEWBERRY ROAD **NEWBERRY FL 32669** City 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, lyped or printed name of registered agent and little it applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition MUSHINSKY, HENRY NAME NAME 14260- 331 WEST NEWBERRY ROAD STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY - ST- 7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition ASHTON, PATRICIA S NAME NAME 14260- 331 WEST NEWBERRY ROAD STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY - ST-ZIP CITY-ST-ZIP D TITLE Delete TITLE ☐ Change ☐ Addition ASHTON, RAY E JR NAME NAME 14260- 331 WEST NEWBERRY ROAD STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

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 suppliering a point 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 trusted empowered to execute this report as required by Chapter 617, 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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