

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90077 045 \*\*\*150.00

**DOCUMENT # P0000017258**  
 1. Entity Name  
**ASHCORP INTERNATIONAL, INC.**



Principal Place of Business  
**4901 VINELAND ROAD**  
**120**  
**ORLANDO, FL 32811**

Mailing Address  
**POST OFFICE BOX 547948**  
**ORLANDO, FL 32854-7948**

**50031306**



2. Principal Place of Business  
**1140 Country Club Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 547948**  
 Suite, Apt. #, etc.

02042005 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO FL**

City & State  
**ORLANDO, FL**

Zip  
**32804**

Country  
**USA**

Zip  
**32804**

Country  
**USA**

4. FEI Number  
**59-3629848**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALL, ALVIN S III**  
**4901 VINELAND ROAD**  
**ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**5131 Keeneland Circle**

City  
**ORLANDO, FL**

Zip Code  
**32819**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, ALVIN S III 4901 VINEYARD ROAD #120 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HALL, ALVIN S JR 4901 VINEYARD ROAD #120 ORLANDO, FL 32811 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5131 Keeneland Circle</b> <b>ORLANDO FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1140 Country Club Dr</b> <b>ORLANDO, FL 32804</b>
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

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.

SIGNATURE: **A.S. Hall Jr** **3/22/05** **407-999-9099**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #