

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000115406**

1. Entity Name  
**D.F. CONSULTANTS, INC.**



**Principal Place of Business**

**4700 SW 51ST STREET  
SUITE #216  
DAVIE, FL 33314 US**

**Mailing Address**

**C/O N. R. ASHLEY #106  
1044 CASTELLO DRIVE  
NAPLES, FL 34103 US**



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**06-1604720**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STETLER, RONALD L ESQ  
5551 RIDGEWOOD DRIVE  
SUITE 101  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

**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  
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 D  
NAME ASHLEY, WAYNE C  
STREET ADDRESS 1101 ROSEMARY CT, #A-104  
CITY-ST-ZIP NAPLES, FL 34103**

**TITLE TD  
NAME ASHLEY, N. REX  
STREET ADDRESS 1044 CASTELLO DR #106  
CITY-ST-ZIP NAPLES, FL 34103**

**TITLE D  
NAME JERKINS, MARRELL F  
STREET ADDRESS 14275 LAUREL TRAIL  
CITY-ST-ZIP WELLINGTON, FL 33414**

**TITLE D  
NAME NALE, STEVE  
STREET ADDRESS 14400 SW 30TH COURT  
CITY-ST-ZIP DAVIE, FL 33330**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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04/25/05-80123-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*N Rex Ashley* 4/20/05 238-261-7200