

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117065

Entity Name: ASHTON AG SERVICES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

640 ARBUCKLE CREEK ROAD
LORIDA, FL 33857

New Principal Place of Business:

Current Mailing Address:

PO BOX 124
LORIDA, FL 33857

New Mailing Address:

FEI Number: 65-0514935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHTON, QUINN
640 ARBUCKLE CREEK RD.
LORIDA, FL 33857 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASHTON, MIKE
Address: P.O. BOX 96
City-St-Zip: LORIDA, FL 33857

Title: ST () Delete
Name: ASHTON, QUINN
Address: P.O. BOX 124
City-St-Zip: LORIDA, FL 33857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: QUINN ASHTON

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date