2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012314

Name:

Address:

City-St-Zip:

SMITH, RONALD M

VALRICO, FL 33594

LITTLE RD.

3305

Entity Name: ASH ENTERPRISES, INC.

FILED Jul 09, 2005 Secretary of State

Littly Na	ille. ASITE	INTERPRISES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4706 WES TAMPA, F	ST LAUREL L 33629	ROAD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4706 WES TAMPA, F	ST LAUREL L 33629	ROAD			
FEI Number	: 59-3694210	FEI Number Applied For (() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address o	of Current Registered Age	ent: Name and Address of	Name and Address of New Registered Agent:	
TAMPA, F The above in the State	named ent e of Florida.	US	or the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ed Agent	 Date	
Election Car	ce with s. 607	7.193(2)(b), F.S., the corporation cing Trust Fund Contribution (n did not receive the prior notice.).	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D HENDRY, A 4706 WEST TAMPA, FL	LAUREL ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D HENDRY, R 4706 WEST TAMPA, FL	LAUREL ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALLEN HENDRY D 07/09/2005