


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000025928**

1. Entity Name  
**J,J, ASHLEY INC.**



Principal Place of Business      Mailing Address  
**4945 62 AVE S**      **4945 62 AVE S**  
**ST PETERSBURG FL 33715**      **ST PETERSBURG FL 33715**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**59-3704855**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**POLLARD, JAMES**  
**4945 62 AVE S**  
**ST PETERSBURG FL 33715**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS       Delete

TITLE      P  
 NAME      POLLARD, JAMES  
 STREET ADDRESS      4945 62 AVE S  
 CITY - ST - ZIP      ST PETERSBURG FL 33715

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Change       Addition

U00000043119  
 02/10/04-80048-008 150.00

TITLE      V       Delete  
 NAME      POLLARD, KAYE  
 STREET ADDRESS      4945 62 AVE S  
 CITY - ST - ZIP      ST PETERSBURG FL 33715

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE       Change       Addition  
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 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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:** *Kaye S. Pollard*      **KAYE POLLARD**      **VICE-PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 \_\_\_\_\_      2-4-04      (727) 864-9960