


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | |
|------------------------------------|---|
| DOCUMENT # P01000025928 |  |
| 1. Entity Name J,J, ASHLEY INC. | |

| | |
|---|---|
| Principal Place of Business 4945 62 AVE S ST PETERSBURG, FL 33715 | Mailing Address 4945 62 AVE S ST PETERSBURG, FL 33715 |
|---|---|

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3704855 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

POLLARD, JAMES
4945 62 AVE S
ST PETERSBURG, FL 33715

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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 _____
Signature, typed or printed name of registered agent and title if applicable

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P POLLARD, JAMES 4945 62 AVE S ST PETERSBURG, FL 33715 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V POLLARD, KAYE 4945 62 AVE S ST PETERSBURG, FL 33715 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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05/02/05-80015-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Pollard KAYE POLLARD, PARTNER 4/28/05 727-864-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #