

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000109689

1. Entity Name

D. ASHTON KAY AND ASSOCIATES, INC.



Principal Place of Business

16285 PERDIDO KEY DR #1022  
PENASOLA, FL 32507

Mailing Address

3153 SILVER OAK TRAIL  
MARION, IA 52302



03132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3352748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COPPOCK, KATHRYN E  
16285 PERDIDO KEY DR #1022  
PENASOLA, FL 32507

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD  
NAME COPPOCK, KATHRYN E  
STREET ADDRESS 16285 PERDIDO KEY DR #1022  
CITY - ST - ZIP PENASOLA, FL 32507

TITLE PTD  
NAME COPPOCK, DARRELL A  
STREET ADDRESS 16285 PERDIDO KEY DR.  
CITY - ST - ZIP PENSACOLA, FL 32507

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

U00000140974  
04/29/04-80183-011 150.00

**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

4-1-04

Date

319-373-2260

Daytime Phone #