2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000065051

1. Entity Name
ASHMORE FARMS, INC.

Principal Place of Business	Mailing Address
6611 FIVE ACRE ROAD PLANT CITY, FL 33565	6611 FIVE ACRE ROAD PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

01212007   No Chg-P   CR2E034 (11/05)

4. FEI Number 30-0101919	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ASHMORE, BRYCE M JR
6611 FIVE ACRE ROAD
PLANT CITY, FL 33565

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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 _Bryce M. Ashmore JR, President_   4-17-07

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ASHMORE, BRYCE M JR
STREET ADDRESS	6611 FIVE ACRE ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	VTS
NAME	ASHMORE, PAMELA L
STREET ADDRESS	6611 FIVE ACRE ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80029-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Bryce M Ashmore_   4-17-07   813-986-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #