

2005 ~~FOR~~ PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000016440	
1. Entity Name ASHTIN, INC.	
Principal Place of Business 11 EAST SILVER SPRINGS BLVD OCALA, FL 34470	Mailing Address 1552 SE FORT KING ST OCALA, FL 34471



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3100804	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 VADNEY, TERESA M 1552 SE FORT KING ST OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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 resigning) _____ 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
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS VADNEY, TERESA M 1552 SE FORT KING ST OCALA, FL 34471	
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02/19/05-80018-006 150.00

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: Teresa M. Vadney, Teresa M. Vadney 2/17/05 352-732-8949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #