2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000024156

ASHLEY WORLDWIDE ENTERPRISES INCORPORATED



FILED Jan 31, 2005 08:00 AM **Secretary of State**

Principal Place of Business

631 BILLINGSGATE LN E JACKSONVILLE, FL 32221 Mailing Address

631 BILLINGSGATE LN E JACKSONVILLE, FL 32221



DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---------------|--------------------|
| 02-0676735 | Not Applicable |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| . Name and Add | ress of Current i | registered Agent |
|--------------------|-------------------|------------------|
| | | - |
| | | |
| LALD O | | |

ASHLEY, RONALD G 631 BILLINGSGATE LN E JACKSONVILLE, FL 32221

DO NOT WRITE IN THIS SPACE

| 8. The above named the obligations of | d entity submits this statement for the pregistered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of FlorIda. I am familiar with, and accept | | |
|---|--|--|---------------|--------------------------------|---|--|--|
| SIGNATURE | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | |
| | Will FEE IS \$150.00 2005 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution: | cing 🗆 | \$5.00 May Be Added to Fees | Liance concerns | | |
| 10. | OFFICERS AND DIREC | TORS | | | 10000000000000000000000000000000000000 | | |
| STREET ADDRESS 631 | LEY, RONALD G BILLINGSGATE LN E KSONVILLE, FL 32221 | | | | 01/31/05-80071-007 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN " | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | hat the information purpolled with this fil | ing does get a milk, for the average | antion state | d in Section 149 07/07 | (i), Florida Statutes, I further certify that the information | | |

Indicated on this report or supplemental report is true and accusted the exemption stated in Section 119.07(3)(t), Florida Statutes, Trumber 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:

LU S LOS TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR