


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 049 ***150.00

DOCUMENT # P03000064740	
1. Entity Name ASHCROFT ENTERPRISES, INC.	

Principal Place of Business 200 E ROBINSON ST STE 500 ORLANDO, FL 32801	Mailing Address 200 E ROBINSON ST STE 500 ORLANDO, FL 32801
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94020702

2. Principal Place of Business 5413 DAHLIA RESERVE	3. Mailing Address 20 N ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 407
City & State KISSIMMEE, FL	City & State
Zip 34758	Country USA



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0081745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 407 City FL Zip Code
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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 *Stu Brown 2/14/04* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBAS, COLIN 90 ASHCROFT RD STOPSLEY, LUTON BEDS LU2 9AX, UK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, P, D 5413 DAHLIA RESERVE KISSIMMEE, FL 34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBAS, PAT 90 ASHCROFT RD STOPSLEY, LUTON BEDS LU2 9AX, UK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D 5413 DAHLIA RESERVE KISSIMMEE, FL 34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stu Brown* **02/13/2004** **321 697 5448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #