2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# P03000073656

Entity Name: WAYNE ASHTON MAINTENANCE, INC.

Current Principal Place of Business:

364 CYCLONE DRIVE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

364 CYCLONE DRIVE
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 36-4544809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ASHTON, LINDA
364 CYCLONE DRIVE
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ASHTON, WAYNE
Address: 364 CYCLONE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: STD ( ) Delete
Name: ASHTON, LINDA
Address: 364 CYCLONE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ASHTON, LINDA
Address: 364 CYCLONE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: STD (X) Change ( ) Addition
Name: ASHTON - SHARPE, LISA MARIE
Address: 364 CYCLONE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MARIE ASHTON-SHARPE STD 10/16/2009

Electronic Signature of Signing Officer or Director — Date