


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000098842</b> 1. Entity Name ASH PROFESSIONAL SERVICES, INC.	
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Principal Place of Business 10408 RECLINATA LANE TAMPA, FL 33618	Mailing Address 10408 RECLINATA LANE TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0214949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  WHITTEN, AUDREY H 10408 RECLINATA LANE TAMPA, FL 33618	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		<p>U000000827621 02/21/08-80097-014 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE	P	
NAME	WHITTEN, AUDREY H	
STREET ADDRESS	10408 RECLINATA LANE	
CITY - ST - ZIP	TAMPA, FL 33618	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:** Audrey H. Whitten, President (Audrey H. Whitten) 2/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #