

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101664

Entity Name: ASHLIND, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

413 OAK PLACE
PORT ORANGE, FL 32127

New Principal Place of Business:

1590 OLD KINGS ROAD
DAYTONA BEACH, FL 32117

Current Mailing Address:

413 OAK PLACE
PORT ORANGE, FL 32127

New Mailing Address:

1590 OLD KINGS ROAD
DAYTONA BEACH, FL 32117

FEI Number: 30-0029898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROST, SCOTT R
444 SEABREEZE BLVD SUITE 800
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

WEEKS, LINDA D V.P.
1590 OLD KINGS ROAD
DAYTONA BEACH, FL 32117 US

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: LINDA D. WEEKS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEEKS, LINDA
Address: 413 OAK PLACE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: WEEKS, ROBERT K PRES
Address: 1590 OLD KINGS ROAD
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MRS. () Change (X) Addition
Name: WEEKS, LINDA D V.P.
Address: 1590 OLD KINGS ROAD
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA D. WEEKS

V.P.

04/27/2004

Electronic Signature of Signing Officer or Director

Date