


**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90018 020 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000102432					
1. Entity Name ASHMAN AND THORNTON ENTERPRISE, INC.					
Principal Place of Business 13799-008 BEACH BLVD JACKSONVILLE, FL 32224		Mailing Address 13799-008 BEACH BLVD JACKSONVILLE, FL 32224			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0587-820 Applied For <input checked="" 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			7. Name and Address of New Registered Agent		
ASHMAN, TWYLA N 93 WHIPPOORWILL DRIVE PALM COAST, FL 32164			Name: ASHMAN, TWYLA - N Street Address (P.O. Box Number is Not Acceptable): 13053 SIR ROGERS COURT SOUTH City: JACKSONVILLE FL Zip Code: 32224		
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: <i>Twyla N. Ashman</i>		DATE: 7/12/04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		5.00 May Be Added to Fees In accordance with s. 007.150(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	b	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHMAN, TWYLA N		NAME	ASHMAN, TWYLA N	
STREET ADDRESS	93 WHIPPOORWILL DRIVE		STREET ADDRESS	13053 SIR ROGERS COURT SOUTH	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHMAN, MARK O		NAME		
STREET ADDRESS	93 WHIPPOORWILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Twyla N. Ashman</i>		DATE: 7/12/04			

14026931



(ADDRESS CHANGE)