


FILED
May 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000102432 1. Entity Name ASHMAN AND THORNTON ENTERPRISE, INC.	
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Principal Place of Business 13799-008 BEACH BLVD JACKSONVILLE, FL 32224	Mailing Address 13799-008 BEACH BLVD JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0587820	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

**ASHMAN, TWYLA N
 13053 SIR ROGERS COURT SOUTH
 JACKSONVILLE, FL 32224**

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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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE <small>OFFICER, DIRECTOR, SECRETARY, TREASURER, CLERK, MANAGER, SUPERVISOR, EMPLOYEE, OR OTHER TITLE</small>	D ASHMAN, TWYLA N 13053 SIR ROGERS COURT SOUTH JACKSONVILLE, FL 32224
TITLE <small>OFFICER, DIRECTOR, SECRETARY, TREASURER, CLERK, MANAGER, SUPERVISOR, EMPLOYEE, OR OTHER TITLE</small>	D ASHMAN, MARK C 93 WHIPPOORWILL DRIVE PALM COAST, FL 32164
TITLE <small>OFFICER, DIRECTOR, SECRETARY, TREASURER, CLERK, MANAGER, SUPERVISOR, EMPLOYEE, OR OTHER TITLE</small>	
TITLE <small>OFFICER, DIRECTOR, SECRETARY, TREASURER, CLERK, MANAGER, SUPERVISOR, EMPLOYEE, OR OTHER TITLE</small>	
TITLE <small>OFFICER, DIRECTOR, SECRETARY, TREASURER, CLERK, MANAGER, SUPERVISOR, EMPLOYEE, OR OTHER TITLE</small>	
TITLE <small>OFFICER, DIRECTOR, SECRETARY, TREASURER, CLERK, MANAGER, SUPERVISOR, EMPLOYEE, OR OTHER TITLE</small>	

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 05/19/06-80038-014 150.00

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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: *Twyla Ashman*, TWYLA ASHMAN 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR