

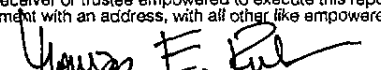


FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115122 1. Entity Name ASHER TILGHMAN, INC.																																											
Principal Place of Business 950 N.E. 51ST AVENUE OCALA, FL 34471		Mailing Address 950 N.E. 51ST AVENUE OCALA, FL 34471																																									
DO NOT WRITE IN THIS SPACE																																											
		03252005 No Chg-P CR2E034 (10/03)																																									
		4. FEI Number 86-1085236 Applied For Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent WADE, DANIEL J 3391-F E. SILVER SPRINGS BLVD. OCALA, FL		DO NOT WRITE IN THIS SPACE																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS		11. DO NOT WRITE IN THIS SPACE																																									
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>RHODES, THOMAS E</td></tr><tr><td>STREET ADDRESS</td><td>950 N.E. 51ST AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA, FL 34471</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>RHODES, CHRISTINA R</td></tr><tr><td>STREET ADDRESS</td><td>950 N.E. 51ST AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA, FL 34471</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	RHODES, THOMAS E	STREET ADDRESS	950 N.E. 51ST AVENUE	CITY-ST-ZIP	OCALA, FL 34471	TITLE	D	NAME	RHODES, CHRISTINA R	STREET ADDRESS	950 N.E. 51ST AVENUE	CITY-ST-ZIP	OCALA, FL 34471	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		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 exemption stated in Section 119.07(3)(f), 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.	
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/14/05 Daytime Phone #: 352-236-3044																																									