


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 029 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1290 SE 91st PLACE		3. Mailing Address 1290 SE 91st PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-1085236	
Zip 34480		Country		Applied For Not Applicable	
Zip 34480		Country		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			7. Name and Address of New Registered Agent Name THOMAS E. RHODES Street Address (P.O. Box Number is Not Acceptable) 1290 SE 91st PLACE City OCALA FL Zip 34480		
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 <u>Thomas E. Rhodes</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/4/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODES, THOMAS E 950 N.E. 51ST AVENUE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1290 SE 91st PLACE OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODES, CHRISTINA R 950 N.E. 51ST AVENUE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1290 SE 91st PLACE OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Thomas E. Rhodes</u>			DATE <u>4/4/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					