

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000134551**

1. Entity Name  
**ASHTON HOME CARE & REPAIR, INC.**



Principal Place of Business

**114 N TEMPLE ST  
DELAND, FL 32720**

Mailing Address

**114 N TEMPLE ST  
DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0456026**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ASHTON, AARON PAUL  
114 N TEMPLE ST  
DELAND, FL 32720**

**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

*Dorothy A. Ashton VP/Sec.*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

**4-13-06**

DATE

**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 Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	ASHTON, AARON P
STREET ADDRESS	114 N TEMPLE ST.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VS
NAME	ASHTON, DOROTHY A
STREET ADDRESS	114 N TEMPLE ST.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000511851  
04/29/06-80067-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Dorothy A. Ashton*