


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 09, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P03000140865</b><br>1. Entity Name<br><b>A.S.H. CONTRACTING, INC.</b>  |  |  |
| Principal Place of Business<br><b>8062 PUFFIN DRIVE<br/>ORLANDO, FL 32825</b>  | Mailing Address<br><b>8062 PUFFIN DRIVE<br/>ORLANDO, FL 32825</b>  |   |
| <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>   |  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>COOKE, SANDRA<br/>8062 PUFFIN DRIVE<br/>ORLANDO, FL 32825</b>   |  | <h2 style="margin: 0;">DO NOT WRITE<br/>IN THIS SPACE</h2>                        |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$350.00</b>  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br><b>COOKE, SANDRA<br/>8062 PUFFIN DRIVE<br/>ORLANDO, FL 32825</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STD<br><b>COOKE, ALAN M<br/>8062 PUFFIN DRIVE<br/>ORLANDO, FL 32825</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <h2 style="margin: 0;">DO NOT WRITE<br/>IN THIS SPACE</h2>   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| 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. |  |   |
| <b>SIGNATURE: <u>Sandra Cooke</u> SANDRA COOKE</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <b>1-6-06 407-273-8642</b><br><small>Date Daytime Phone</small>                   |



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0445604** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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01/10/06-80031-023 150.00