

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90001 014 ***150.00

DOCUMENT # P03000141176

1. Entity Name
DAVID E. ASHCRAFT, INC.



Principal Place of Business

**1330 S. ESTUARY DR.
CRYSTAL RIVER, FL 34429**

Mailing Address

**1330 S. ESTUARY DR.
CRYSTAL RIVER, FL 34429**

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



07102004

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0425156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASHCRAFT, DAVID E
1330 S. ESTUARY DR.
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ASHCRAFT, DAVID E
1330 S. ESTUARY DR.
CRYSTAL RIVER, FL 34429** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

David E. Ashcraft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-04 (352) 634-1195
Date Daytime Phone #

Attachment
44048261

David E. Ashcraft, Inc.
1330 S. Estuary Drive
Crystal River, FL 34429

July 9, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed is my 2004 For Profit Corporation Annual Report and my \$150.00 filing fee. My Florida Document number is: P03000141176 and my Federal ID number is: 20-0425156.

I did not receive any notification in the mail requesting me to file this form. I incorporated in November 2003 and I did not realize I would have to pay a filing fee so soon.

Since I was not previously notified, I am asking that the penalties be waived. Had I been aware that I needed to file this form, I would have done it in a timely manner. Thank you.

Sincerely,

David E. Ashcraft

David E. Ashcraft, President