

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90038 036 \*\*\*158.75

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01052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000035122</b> 1. Entity Name <b>THE ASHLEY GROUP OF PANAMA CITY BEACH, INC.</b>					
Principal Place of Business <b>PO BOX 9088 PANAMA CITY BCH, FL 32417</b>			Mailing Address <b>PO BOX 9088 PANAMA CITY BCH, FL 32417</b>		
2. Principal Place of Business <b>17687 Ashley Drive</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Panama City Bch, FL</b>		City & State		4. FEI Number <b>20-0782907</b>	
Zip <b>32413</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARE, DIANE C 2589 JENKS AVE PANAMA CITY, FL 32405</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>COX, RICHARD L JR</b> <b>PO BOX 9088</b> <b>PANAMA CITY BCH, FL 32417</b> <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	<b>DV</b> <b>SEAMON, MICHAEL</b> <b>1410 THURSO ROAD</b> <b>LYNN HAVEN, FL 32444</b> <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	<b>DS</b> <b>FLEMING, DARRELL</b> <b>124 RUSTY GANS DR</b> <b>PANAMA CITY BCH, FL 32408</b> <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	<b>DT</b> <b>HARRINGTON, TERESA</b> <b>118 RUSTY GANS DRIVE</b> <b>PANAMA CITY BEACH, FL 32408</b> <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.					
<b>SIGNATURE:</b> <b>Richard L Cox Jr</b>			<b>1/26/06</b> <b>850-234-7800</b> <small>Date Daytime Phone #</small>		