

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000035122

1. Entity Name
THE ASHLEY GROUP OF PANAMA CITY BEACH, INC.



Principal Place of Business
**17687 ASHLEY DR
PANAMA CITY BEACH, FL 32413**

Mailing Address
**PO BOX 9088
PANAMA CITY BCH, FL 32417**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0782907

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARE, DIANE C
2589 JENKS AVE
PANAMA CITY, FL 32405**

**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 _____

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	COX, RICHARD L JR
STREET ADDRESS	PO BOX 9088
CITY-ST-ZIP	PANAMA CITY BCH, FL 32417
TITLE	DV
NAME	SEAMON, MICHAEL
STREET ADDRESS	1410 THURSO ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	DS
NAME	FLEMING, DARRELL
STREET ADDRESS	124 RUSTY GANS DR
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408
TITLE	DT
NAME	HARRINGTON, TERESA
STREET ADDRESS	118 RUSTY GANS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80040-002 158.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard L Cox Jr 2/20/07 234-7800