

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000044157

1. Entity Name
A.S.H. CONSTRUCTION, INC.



Principal Place of Business
**105 RIVERVIEW DR
WEWAHITCHKA, FL 32465 US**

Mailing Address
**105 RIVERVIEW DR
WEWAHITCHKA, FL 32465 US**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2147608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AKE, GREG
105 RIVERVIEW DR
WEWAHITCHKA, FL 32465**

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

(NOTE: Registered Agent signature required when reinstating)

2-15-07
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 NAME STREET ADDRESS CITY-ST-ZIP	P AKE, GREGORY A 105 RIVERVIEW DR WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOKES, CHRISTOPHER C 1333 HWY 71 N WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRIX, ASA F 310 COUNTY RD HWY 386 WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80040-002 150.00

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 850-639-1639
Date Daytime Phone #