

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90286 014 \*\*\*150.00

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05052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000068666</b> 1. Entity Name <b>ASHVALE CORPORATION</b>					
Principal Place of Business <b>580 CAPE COD LANE ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>10849 FOREST RUN DRIVE BRADENTON, FL 34211</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1330 SCHOONCE CT</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>WINTER SPRINGS FL</b>		4. FEI Number <b>201677634</b>	
Zip 		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMERICAN PIONEERS ADVISORY INC. 10849 FOREST RUN DRIVE BRADENTON, FL 34211</b>			7. Name and Address of New Registered Agent Name <b>LYNN MORRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1330 SCHOONCE COURT</b>  City <b>WINTER SPRINGS FL</b> Zip Code <b>32708</b>		
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 <u><i>L. Morris</i></u> <b>L. MORRIS</b> DATE <b>5/2/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<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>P MORRIS, LYNN C</b> <b>10849 FOREST RUN DRIVE</b> <b>BRADENTON, FL 34211</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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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 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.					
<b>SIGNATURE:</b> <u><i>L. Morris</i></u> <b>L. MORRIS</b>			Date <b>5/2/05</b> Daytime Phone # <b>407-786-2555</b>		