

2006 FOR PROFIT CORPORATION ANNUAL REPORT

08-18-2006 90076 001 ***150.00
P04000068666

DOCUMENT # P04000068666 1. Entity Name ASHVALE CORPORATION				 FILED 06 AUG 21 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																																															
Principal Place of Business 580 CAPE COD LANE ALTAMONTE SPRINGS, FL 32714		Mailing Address 1330 SCHOONCE CT WINTER SPRINGS, FL 32708																																																																																																																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 1330 SCHOONER COURT Suite, Apt. #, etc. WINTER SPRINGS City & State FLORIDA Zip 32708		4. FEI Number 20-1877834 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
Country USA		6. Name and Address of Current Registered Agent MORRIS, LYNN 1330 SCHOONER COVE WINTER SPRINGS, FL 32708																																																																																																																																	
7. Name and Address of New Registered Agent Name LYNN MORRIS Street Address (P.O. Box Number is Not Acceptable) 1330 SCHOONER COURT City WINTER SPRINGS		FL Zip Code 32708																																																																																																																																	
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 fee is applicable. (NOTE: Registered Agents signature required when registered) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MORRIS, LYNN C</td> <td></td> <td>STREET ADDRESS</td> <td>1330 SCHOONER COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>10849 FOREST RUN DRIVE</td> <td></td> <td>CITY-ST-ZIP</td> <td>WINTER SPRINGS FLORIDA 32708</td> <td></td> </tr> <tr> <td></td> <td>BRADENTON, FL 34211</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>	STREET ADDRESS	MORRIS, LYNN C		STREET ADDRESS	1330 SCHOONER COURT		CITY-ST-ZIP	10849 FOREST RUN DRIVE		CITY-ST-ZIP	WINTER SPRINGS FLORIDA 32708			BRADENTON, FL 34211					TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Add <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Add <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Add <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Add <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>L. C. Morris</i></u> L. C. MORRIS <u>1/22/06</u> 407-432-9035 <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>																																																																																																																																			

ATTACHMENT

50025500

Ashvale Corporation dba Jubilee Hair Studio
580 Cape Cod Lane Suite 4
Altamonte Springs, FL 32714

July 26, 2006

Dear Sirs,

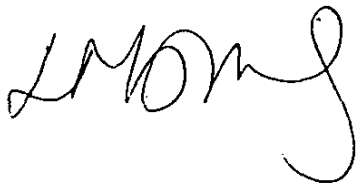
RE: P04000068666

I received a Notice of Intent to Dissolve for the above named company for not filing the annual return for 2006, however I did mail the report and I enclosed a check for \$150.00 on January 22nd 2006.

I telephoned your office on July 24th and spoke with Tyrone Scott to query why I received the Notice to Dissolve, and he advised me to write in enclosing a copy of the original report with another check for \$150.00, which are attached.

I would be grateful if you would waive the late payment fee, as I did make a timely payment, and refund any overpayment due, as appropriate.

Yours faithfully,



Lynn Morris
President, Ashvale Corporation.