

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90111 050 ***150.00

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1. Entity Name
ASHLEY'S PERFORMING ARTS CENTER, INC.



Principal Place of Business
508 SE MEADOWS WOOD WAT
STUART, FL 34997

Mailing Address
508 SE MEADOWS WOOD WAT
STUART, FL 34997

2. Principal Place of Business
12785 W FOREST HILL BLVD

3. Mailing Address
SAME AS 2

Suite, Apt. #, etc.
STE 8E

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State

Zip
33414

Country
USA

Zip

Country

01172006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1171845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, FRANK A CPA
3601 SE OCEAN BLVD
STUART, FL 34996

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 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
MORELAND, ASHLEY R
508 SE MEADOWS WOOD WAT
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORELAND, DAVID
508 SE MEADOWS WOOD WAT
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MORELAND, CHARLENE
508 SE MEADOWS WOOD WAT
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ashley R Cohen
12785 W Forest Hill Blvd, Ste 8E
Wellington, FL 33414 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #