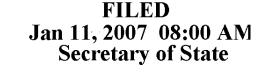
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132120 1. Entity Name ASH ENTERPRISES OF S.W. FLORIDA INC



ASH ENTERPRISES	SOFS	S.W. FLC)RID/
Principal Place of Business			

Mailing Address P.O.BOX 100082 CAPE CORAL, FL 33910



DO	NOT	WRITE	IN	THIS	SPACE
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6. Name and Address of Current Registered Agent

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-0761148 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

DO NOT WOITE

HILL, AL JR. 11906 ROYAL TEE CIR CAPE CORAL, FL 33991

SIGNATURE:

P.O.BOX 100082

CAPE CORAL, FL 33910

DO NOT WRITE IN THIS SPACE

the configurous of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent and title	li applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icin g	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, AL JR P.O.BOX 100082 CAPE CORAL, FL 33910				111/12/07-80003-020 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, SHARON 11906 ROYAL TEE CIRCLE CAPE CORAL, FL 33991			_	· -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST NELSON, KRISTIN 11906 ROYAL TEE CIR CAPE CORAL, FL 33991		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_					
12. I hereby indicated of the corchanged	certify that the information supplied with this for this report or supplemental report is true reportation or the receiver or trustee empowere, or on an attachment with an address, with a	i other like empowered.	emptions co ture shall ha red by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9, Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if			

ING OFFICER OR DIRECTOR

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