

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 035 ***150.00

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1. Entity Name

ASHTON PLACE DEVELOPMENT, INC.



Principal Place of Business

1690 RAYMOND DIEHL RD.
G-6
TALLAHASSEE FL 32308

Mailing Address

1690 RAYMOND DIEHL RD.
G-6
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

2573 Barrington Circle

2573 Barrington Circle



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-1795187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXIE, RUSSELL
1690 RAYMOND DIEHL RD.
G-6
TALLAHASSEE FL 32308

Name

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

2573 Barrington Circle

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, DIXIE	
STREET ADDRESS	1690 RAYMOND DIEHL RD., G-6	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JARRETT, JAMES	
STREET ADDRESS	3025 NATHAN LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JARRETT, BRAD	
STREET ADDRESS	3025 NATHAN LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2573 Barrington Circle	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #