

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90035 001 ***150.00

DOCUMENT # P04000161061 1. Entity Name ASCAPE, INC.					
Principal Place of Business 77 ALMERIA STREET ST. AUGUSTINE, FL 32086			Mailing Address 77 ALMERIA STREET ST. AUGUSTINE, FL 32086		
2. Principal Place of Business 2624 Ridge Crest Ave Suite, Apt. #, etc.			3. Mailing Address 2624 Ridge Crest Ave Suite, Apt. #, etc.		
City & State Orange Park, FL			City & State Orange Park, FL		
Zip 32065		Country USA		4. FEI Number 20-1971045	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HALL, CHARLES E. 77 ALMERIA STREET ST. AUGUSTINE, FL 32086					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RILEY, MAX W. 351 CROSSINGS BLVD., APT. 715 ORANGE PARK, FL 32073				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete HALL, CHARLES E. 304 ELZA LANE ST. AUGUSTINE, FL 32086				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCMILLAN, MICHAEL W. 3727 ALCOVE DR MIDDLEBURG, FL 32068				
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"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RILEY, MAX W. 2624 RIDGE CREST AVE ORANGE PARK, FL 32065				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCMILLAN, MICHAEL W. 2624 RIDGE CREST AVE ORANGE PARK, FL 32065				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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>Max W. Riley</u> <u>March 13, 2006</u> 904 327 4932 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					