2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 21, 2006 8:00 am
Secretary of State

05-04-2006 90255 012 ***150.00

DOCUMENT # P05000048811

1. Entity Name
ASHBEN HOLDINGS, INC.

Principal Place of Business	Mailing Address
13415 FOUNTAINBLEAU DR CLERMONT, FL 34711	13415 FOUNTAINBLEAU DR CLERMONT, FL 34711

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
902 John's Pointe Drive		1635 E. Highway 50	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite C	
City & State Oakland, FL		City & State Clermont, FL	
Zip 34787	Country USA	Zip 34711	Country USA

4. FEI Number 20-2625749 ☐ 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
BOYETTE, K WADE 13415 FOUNTAINBLEAU DR CLERMONT, FL 34711	Name: K. Wade Boyette Street Address (P.O. Box Number is Not Acceptable): 1635 E. Highway 50 Suite 300 City: Clermont, FL Zip Code 34711

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 W Boyette 4/28/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYETTE, K WADE 13415 FOUNTAINBLEAU DR CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Boyette, K. Wade 1635 E. Highway 50, Suite 300 Clermont, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: W Boyette 4/28/06 352-394-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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66620256..

[redacted]

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TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BOYETTE, K WADE		NAME	Boyette, K. Wade	
STREET ADDRESS	13415 FOUNTAINBLEAU DR		STREET ADDRESS	1635 E. Highway 50, Suite 300	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Clermont, FL 34711	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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