

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-03-2006 90126 023 ***150.00

DOCUMENT # P05000070559

1. Entity Name

MIKE ASHLEY & ASSOCIATES, INC.



Principal Place of Business

2619 MANATEE HARBOR DRIVE
RUSKIN FL 33570

Mailing Address

2619 MANATEE HARBOR DRIVE
RUSKIN FL 33570

2. Principal Place of Business

304 SHADOW OAKS DR.

3. Mailing Address

P.O. Box 181333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

Casselberry FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

20-2844355

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

ASHLEY, MICHAEL R
2619 MANATEE HARBOR DRIVE
RUSKIN FL 33570

Name

Ashley, Michael R.

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

304 SHADOW OAKS DR.

City

Casselberry

FL

Zip Code

32707

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

Michael R. Ashley

2-21-06

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P, S
ASHLEY, MICHAEL R
2619 MANATEE HARBOR DRIVE
RUSKIN FL 33570

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/S
Michael R. Ashley
304 SHADOW OAKS DR.
Casselberry FL 32707

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/T
Kathy L. Ashley
304 SHADOW OAKS DR.
Casselberry FL 32707

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kathy L. Ashley

Kathy L. Ashley

2-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-699-7800