## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000109089

Entity Name: ASHLEY R. WREN, P.A.

City-St-Zip:

JACKSONVILLE, FL 32223

FILED Sep 01, 2009 Secretary of State

Current F	Princinal Place	e of Business:	New Principal Place	New Principal Place of Business:	
3728 TUN	MBLING OAKS NVILLE, FL 32:		new i inicipal i idee (	or Business.	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3728 TUMBLING OAKS JACKSONVILLE, FL 32223			PO BOX 23175 JACKSONVILLE, FL 3	PO BOX 23175 JACKSONVILLE, FL 32241	
FEI Numbe	r: 75-3198768	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
6817 SOL SUITE 10	ASHLEY R MAN UTHPOINT PAI 12 NVILLE, FL 32:	RKWAY			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered Ag	jent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ( ).			
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	DPST ( WREN, ASHLE 3728 TUMBLIN		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHLEY R WREN PRES 09/01/2009

## P05000109089

ASHLEY R. WREN, P.A.

Attorney at Law P.O. BOX 23175 JACKSONVILLE, FLORIDA 32241

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Workers' Compensation - Social Security Disability - Auto Accidents - Traffic Citations - Bankruptcies

September 3, 2009

## Via CERTIFIED MAIL RRR 7008 2810 0001 7911 7121

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Corporation Annual Reports

DOCUMENT # P05000109089

Dear Sir/Madam:

This letter will confirm my conversation with your office wherein I informed them I did not receive a renewal for the corporation in the mail. I went online and updated my mailing address and did not see box for waiver of \$400.00 fee. I am now asking that you refund the \$400.00 fee.

Thank you for your prompt attention to this matter.

Sincerely,

Ashley R. Wren, Esquire

ARW/erl