

PO5D0012854B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

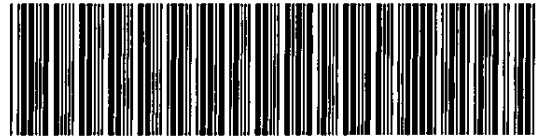
(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ashenback General Services  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000128543

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Duerr

(Name of Person)

Ashenback General Services

(Name of Firm/Company)

1501 SW Jacqueline Avenue

(Address)

Port St. Lucie, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

Kris T. Ashenback at ( 772 ) 215-0812  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2006

CHRISTINE DUERR  
ASHENBACK GENERAL SERVICES, INC  
1501 SW JACQUELINE AVENUE  
PORT ST. LUCIE, FL 34953

SUBJECT: ASHENBACK GENERAL SERVICES, INC  
Ref. Number: P05000128543

We have received your document for ASHENBACK GENERAL SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 706A00048897

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ashenback General Services, Inc.
2. The principal office address: 1501 SW Jacqueline Avenue  
Port St. Lucie, FL 34953
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9-19-05 Document number: P05000128543

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KRIS T. ASHENBACK

1501 SW Jacqueline Avenue

Port St. Lucie, FL 34953

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christine Duerr

1501 SW Jacqueline Avenue

(P.O. Box NOT acceptable)

Port St. Lucie, FL 34953

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

KRIS T. ASHENBACK  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

7-4-06  
(Date)

If signing on behalf of an entity:

Christine Duerr

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314