

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90069 002 \*\*\*150.00

**DOCUMENT # P92000000600**

1. Entity Name  
**ASHBRITT, INC.**



Principal Place of Business

480 S. ANDREWS AVE  
STE 103  
POMPAÑO BEACH, FL 33069 US

Mailing Address

480 S. ANDREWS AVE  
STE 103  
POMPAÑO BEACH, FL 33069 US

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0364711</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 33607-5736

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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

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

TITLE	PD
NAME	PERKINS, SALLY
STREET ADDRESS	7620 N. CYPRESSHEAD DR
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	VSD Pres Secy, Treas.
NAME	PERKINS, RANDAL
STREET ADDRESS	7620 N. CYPRESSHEAD DR
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	VP
NAME	Noble, John Jr
STREET ADDRESS	480 South Andrews Ste 103
CITY-ST-ZIP	Pompano Beach FL 33069
TITLE	VP
NAME	JACKSON, TERRY
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #