

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90007 037 ***150.00

DOCUMENT # P93000031334

1. Entity Name
ASH ENGINEERING, INC.



Principal Place of Business
**4902 EISENHOWER BLVD.
SUITE 380
TAMPA, FL 33634 US**

Mailing Address
**4902 EISENHOWER BLVD.
SUITE 380
TAMPA, FL 33634 US**

4000000-



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3179134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**ASH, JANICE S
216 N 17TH AVE
ST PETERSBURG, FL 33704**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ASH, JANICE S
STREET ADDRESS	216 N 17TH AVE
CITY- ST- ZIP	ST PETERSBURG, FL
TITLE	S
NAME	MASTERS, EUGENE R
STREET ADDRESS	508 FALMOUTH ST
CITY- ST- ZIP	TEMPLE TERRACE, FL 33617
TITLE	VP
NAME	MONDAY, GARY A
STREET ADDRESS	1840 VENETIAN POINT DRIVE
CITY- ST- ZIP	CLEARWATER, FL 33755
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: *Eugene R. Masters* **EUGENE R. MASTERS, SECY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08
Date

813-290-8899
Daytime Phone #