



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000035745</b> 1. Entity Name <b>E. LASHLEY, INC.</b>					
Principal Place of Business _____ Mailing Address _____ <b>6210 LAKE TAHOE DR JACKSONVILLE FL 32256</b> <b>6210 LAKE TAHOE DR JACKSONVILLE FL 32256</b>				 1st MOORE      CR2E034 (10/04)	
2. Principal Place of Business _____		3. Mailing Address _____			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State _____		City & State _____			
Zip _____	Country _____	Zip _____	Country _____		
4. FEI Number <b>59-3190665</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>LASHLEY, EUGENE JR</b>  <b>6210 LAKE TAHOE DR</b>  <b>JACKSONVILLE FL 32256</b> </div>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE _____ NAME <b>D LASHLEY, EUGENE JR</b> <input type="checkbox"/> Delete STREET ADDRESS <b>6210 LAKE TAHOE DR</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">           U00000255651            03/08/05-80023-008 150.00         </div>				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>				
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Eugene Lashley Jr.</i> <b>EUGENE LASHLEY JR.</b> <b>3-6-05</b> <b>904-641-2775</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					