

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000082386					
1. Entity Name ASHMEAD & ASSOCIATES, P.A.					
Principal Place of Business 3550 SW SAINT LUCIE SHORES DRIVE PALM CITY, FL 34990			Mailing Address 3550 SW SAINT LUCIE SHORES DRIVE PALM CITY, FL 34990		
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 65-0450976	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHMEAD, RUTH ANN 3550 SW ST LUCIE SHORES DRIVE PALM CITY, FL 34990			7. Name and Address of New Registered Agent: Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (Print Name of Registered Agent and Title if applicable) (Print Registered Agent signature if required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P ASHMEAD, RUTH ANN 3550 SW ST LUCIE SHORES DRIVE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		000000218015 Change ☐ Addition 02/07/05-80046-016 150.00		
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Ruth A Ashmead</i>			2/2/05 (772) 223-7755		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					