


**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000082386</b>                      |  |
| <b>1. Entity Name</b><br>ASHMEAD & ASSOCIATES, P.A. |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>3550 SW SAINT LUCIE SHORES DRIVE<br>PALM CITY, FL 34990 | <b>Mailing Address</b><br>3550 SW SAINT LUCIE SHORES DRIVE<br>PALM CITY, FL 34990 |
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>4. FEI Number</b><br>65-0450976 | <b>Applied For</b><br>Not Applicable |
|------------------------------------|--------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

**6. Name and Address of Current Registered Agent**

ASHMEAD, RUTH ANN  
3550 SW ST LUCIE SHORES DRIVE  
PALM CITY, FL 34990

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **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**

000000535859  
05/08/06-80069-019 150.00

**10. OFFICERS AND DIRECTORS**

|                                                                            |                                                                                       |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>P</b><br>ASHMEAD, RUTH ANN<br>3550 SW ST LUCIE SHORES DRIVE<br>PALM CITY, FL 34990 |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |
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|----------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |
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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

4/24/06 (772) 283-9423  
Date Daytime Phone #