

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000083603**

1. Entity Name  
**MOLLY ASHE, INC.**



Principal Place of Business  
**2961 TWIN OAKS WAY  
WELLINGTON, FL 33414**

Mailing Address  
**2961 TWIN OAKS WAY  
WELLINGTON, FL 33414**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0789592**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**ASHE, MOLLY  
2961 TWIN OAKS WAY  
WELLINGTON, FL 33414**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**U00000169417  
08/05/04-80002-006 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHE, MOLLY 2961 TWIN OAKS WAY WELLINGTON, FL 33414
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Molly Ashe Molly Ashe 7/28/04 561-791-3524