

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000047636					
1. Entity Name ASHTON ENTERPRISES OF N.W. FLORIDA, INC.					
Principal Place of Business 1412 W. FAIRFIELD DRIVE, SUITE 12 PENSACOLA FL 32501			Mailing Address 1412 W. FAIRFIELD DRIVE, SUITE 12 PENSACOLA FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FE Number 59-3513417	
5. Name and Address of Current Registered Agent CLAYTON, JOAN A 1412 W. FAIRFIELD DRIVE, SUITE 12 PENSACOLA FL 32501				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 _____ (NOTE: Registered Agent signature required when remaining)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May E Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CLAYTON, JOAN A		NAME		
STREET ADDRESS	1412 W. FAIRFIELD DRIVE, SUITE 12		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	PRES	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CLAYTON, JOAN A		NAME		
STREET ADDRESS	1412 W. FAIRFIELD DRIVE, SUITE 12		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
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NAME			NAME		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joan A. Clayton **4/14/06** **850-438-3630**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #