2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P98000047636 1. Entity Name 04-20-2007 90095 030 \*\*\*150.00 ASHTON ENTERPRISES OF N.W. FLORIDA, INC. Principal Place of Business Mailing Address 1412 W. FAIRFIELD DRIVE, SUITE 12 1412 W. FAIRFIELD DRIVE, SUITE 12 PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2020-B N 9th Avenue 2020-B N 9th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Pensacola, Florida Pensacola, Florida City & State City & State 4. FEI Number Applied For 59-3513417 32503 32503 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Cortificate of Status Desired 32503 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLAYTON, JOAN A 1412 W. FAIRFIELD DRIVE, SUITE 12 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 2020-B N 9th Avenue Pensacola 32503 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE Delete HHE ☐ Change CLAYTON, JOAN A NAME NAME 1412 W. FAIRFIELD DRIVE, SUITE 12 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY-S1-ZIP CITY-ST-ZIP PRES Delete TITLE √ Change ☐ Addition CLAYTON, JOAN A NAME NAME 2020-B'N 9th Avenue 1412 W. FAIRFIELD DRIVE, SUITE 12 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 Pensacola, Fl 32503 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRIET ADDRESS CITY-ST-ZIP CITY-ST 7IP TITLE ☐ Delete TOLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP thereby cortify that the information supplied with this fling 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 nade under eath; 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.

**FILED**