

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90060 041 \*\*\*150.00

**DOCUMENT # P98000058081**

1. Entity Name

A.S.K. ASHBY ENTERPRISES, INC.



Principal Place of Business

3814 S. NINE DR.  
VALRICO, FL 33594

Mailing Address

3814 S. NINE DR.  
VALRICO, FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3529898

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHBY, RUFUS N  
3814 S. NINE DR.  
VALRICO, FL 33594

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ASHBY, RUFUS N	
STREET ADDRESS	3814 S. NINE DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ASHBY, RUFUS N	
STREET ADDRESS	3814 S. NINE DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASHBY, RUFUS N	
STREET ADDRESS	3814 S NINE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVER, TERIE E	
STREET ADDRESS	3814 S NINE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashby, Rufus N.	
STREET ADDRESS	3814 S. Nine Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Auer, Terie E.	
STREET ADDRESS	3814 S. Nine Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-09-04 813-628-9630