


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000087959

1. Entity Name
 ASHLEY GENERAL, INC.



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| Principal Place of Business 7777 GLADES RD 201 BOCA RATON, FL 33434 | Mailing Address 7777 GLADES RD 201 BOCA RATON, FL 33434 |
|--|--|



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0970997 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CROWE, MELISSA
 7777 GLADES RD #201
 BOCA RATON, FL 33434

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHMIER, JEFFREY L 7777 GLADES RD #201 BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REX, ALBERT 3265 MERIDIAN PKWY #101 FORT LAUDERDALE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CROWE, MELISSA 7777 GLADES RD #201 BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/31/05-80052-013 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 561-483-2330
Date Daytime Phone #