

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087959

Entity Name: ASHLEY GENERAL, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

6111 BROKEN SOUND PKWY NW, SUITE 350  
BOCA RATON, FL 33487

## New Principal Place of Business:

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487

## Current Mailing Address:

6111 BROKEN SOUND PKWY NW, SUITE 350  
BOCA RATON, FL 33487

## New Mailing Address:

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487

FEI Number: 65-0970997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROWE, MELISSA  
6111 BROKEN SOUND PKWY NW, SUITE 350  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

CROWE, MELISSA  
6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

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.

SIGNATURE: MELISSA CROWE

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHMIER, JEFFREY L  
Address: 6111 BROKEN SOUND PKWY NW SUITE 350  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: REX, ALBERT  
Address: 3265 MERIDIAN PKWY #101  
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: S ( ) Delete  
Name: CROWE, MELISSA  
Address: 6111 BROKEN SOUND PKWY NW, SUITE 350  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY SCHMIER

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date