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## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 19, 2004 8:00 am **Secretary of State** DOCUMENT # P99000106302 03-19-2004 90027 012 \*\*\*150.00 ASHLEY PROPERTIES, INC. Principal Place of Business Mailing Address 6700 S. FLORIDA AVE P.O. BOX 1797 44019739 SUITE #6 LAKELAND FL 33813 HIGHLAND CITY FL 33846 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3617981 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALDRIDGE, J C Street Address (P.O. Box Number is Not Acceptable) 6700 S. FLORIDA AVE SUITE #6 LAKELAND FL 33813 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. SIGN'ATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE Delete Change ☐ Addition ALDRIDGE, J C NAME NAME 6700 S. FLORIDA AVE STE. #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP VICE-PRESIDENT X Addition TITLE ☐ Delete Change FULLER, L. S. STREET ADDRESS STREET ADDRESS 6700 S FLORIDA AVE LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 employeered 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 all other like empowered.

SIGNATURE:

SCHATURE AND THE OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

FILED

863-644-9197