

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45394

Entity Name: ASHWILL GROUP, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

17496 FUCHSIA ROAD
FORT MYERS, FL 33967 US

New Principal Place of Business:

Current Mailing Address:

17496 FUCHSIA ROAD
FORT MYERS, FL 33967 US

New Mailing Address:

FEI Number: 65-0254337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAND, JOHN A.
1715 MONROE ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ASHWILL, THOMAS R.
Address: 19831 ALLAIRE LANE
City-St-Zip: FORT MYERS, FL

Title: DST () Delete
Name: FARRELL, TAMMY E.
Address: 17496 FUCHSIA ROAD
City-St-Zip: FORT MYERS, FL 33912 US

Title: DV () Delete
Name: CHIMERA, KATHLEEN L.
Address: 1021 MAGNOLIA ST
City-St-Zip: BOWLING GREEN, KY 42103

Title: DV () Delete
Name: BLYTHE, STACEY
Address: 149 BIRCH BLVD
City-St-Zip: DES MOINES, IA 50327

Title: DV () Delete
Name: D'ERRICO, JENNIFER M.
Address: 428 STILL CREEK PATH
City-St-Zip: WILDWOOD, MO 63011

Title: DV () Delete
Name: TIBBS, LEAH
Address: 507 WOODLAND AVE
City-St-Zip: BOWLING GREEN, KY 42101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: TAMMY E. FARRELL

DST

01/17/2009

Electronic Signature of Signing Officer or Director

Date