

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97227

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: ASHCROFT PROPERTIES, INC.

**Current Principal Place of Business:**

9491 SW 14 AVE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 531  
MORRISTON, FL 32668

**New Mailing Address:**

9491 SW 14 AVE  
OCALA, FL 34476

FEI Number: 59-3103917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ASHCROFT, LISA M  
9491 SW 14 AV  
OCALA, FL 34476 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: PSD ( ) Delete  
Name: ASHCROFT, LISA M  
Address: 9491 SW 14 AVE  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LISA ASHCROFT

PRES

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date