


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # S98133 1. Entity Name ASHTON CONSULTING CORP.			
Principal Place of Business C/O DAVID A. CARTER, P.A. 2300 GLADES ROAD, SUITE 210W BOCA RATON, FL 33431		Mailing Address C/O DAVID A. CARTER, P.A. 2300 GLADES ROAD, SUITE 210W BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE			
		 02262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0301456	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 CARTER, DAVID A. ESQ. DAVID A. CARTER, P.A. 2300 GLADES ROAD, SUITE 210W BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000088847 03/15/04-80067-020 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, DAVID A. 2735 NW 19TH WAY BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSRAE, BERT L. 15208 TALL OAK AVENUE DELRAY BEACH, FL 33446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS 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 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: <u>David A. Carter, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/12/04 Date	(561) 750-6999 Daytime Phone #