

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215528098
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1.) CORPORATION NAME: ASHLEX ENTERPRISES INC.	DUE DATE: 8/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OCTAVIA WILLIAMS 6162 BEAVERDAM RD. SPRING GROVE, VA	SCC ID NO: 06825582				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SURRY COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6162 BEAVERDAM ROAD

CITY/ST/ZIP: SPRING GROVE, VA 23881

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: OCTAVIA WILLIAMS TITLE: PRESIDENT ADDRESS: 6162 BEAVERDAM RD CITY/ST/ZIP/CO: SPRING GROVE, VA 23881	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: STACEY WILLIAMS TITLE: VICE PRESIDENT ADDRESS: 6162 BEAVERDAM RD CITY/ST/ZIP/CO: SPRING GROVE, VA 23881	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ASHLEY WILLIAMS TITLE: S/T ADDRESS: PO BOX 179 CITY/ST/ZIP/CO: SURRY, VA 23883	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ OCTAVIA WILLIAMS	OCTAVIA WILLIAMS, PRESIDENT	7/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.