


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91053 012 ***150.00

DOCUMENT # J45680

1. Entity Name
A.H.C.N.C., INC.



Principal Place of Business Mailing Address

STE 218 STE 218
 300 - 41ST ST 300 - 41ST ST
 MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

04152004 Chg-P CR2E034 (10/03)

Zip Country Zip Country

4. FEI Number Applied For

59-2765743 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRITT, ROGER J.
 SUITE 218 JEFFERSON PLAZA
 300 41ST STREET
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAXON, LEROY J. SR.	
STREET ADDRESS	2410 DUFF ROAD	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAXON, THOMAS H.	
STREET ADDRESS	1615 N. 29 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAXON, LEROY J JR	
STREET ADDRESS	P.O. BOX 1405 N/A	
CITY-ST-ZIP	ANTHONY, FL 32617	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENTAHAL, MARY LEE	
STREET ADDRESS	2421 CHESHIRE PL	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Leroy J. Maxon Sr.* Leroy J. Maxon, Sr. 4/23/04(863) 859-0972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #