

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45680

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

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2765743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MERRITT, ROGER J.  
SUITE 218 JEFFERSON PLAZA  
300 41ST STREET  
MIAMI BEACH, FL 33140 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: PD ( ) Delete  
Name: MAXON, LEROY J. SR.  
Address: 2410 DUFF ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: STD ( ) Delete  
Name: MAXON, THOMAS H.  
Address: 1615 N. 29 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DV ( ) Delete  
Name: MAXON, LEROY J JR  
Address: P.O. BOX 1405 N/A  
City-St-Zip: ANTHONY, FL 32617

Title: D ( ) Delete  
Name: ROSENTAHAL, MARY LEE  
Address: 2421 CHESHIRE PL  
City-St-Zip: LAKELAND, FL 33810

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

Title: PD (X) Change ( ) Addition  
Name: MAXON, LEROY J SR.  
Address: 2410 DUFF ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: STD (X) Change ( ) Addition  
Name: MAXON, THOMAS H  
Address: 1615 N. 29 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

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: LEROY J. MAXON, SR.

PD

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date