



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 040 \*\*\*150.00

<b>DOCUMENT # 281458</b> 1. Entity Name <b>A &amp; H ASSOCIATES, INC.</b>					
Principal Place of Business <b>220 TALLYRAND AVE JACKSONVILLE, FL 32202</b>			Mailing Address <b>220 TALLYRAND AVE JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business <b>1846 Margaret St</b> Suite, Apt. #, etc. <b>1B</b> City & State <b>Jacksonville FL</b> Zip <b>32204</b> Country <b>USA</b>		3. Mailing Address <b>1846 Margaret St</b> Suite, Apt. #, etc. <b>1B</b> City & State <b>Jacksonville FL</b> Zip <b>32204</b> Country <b>USA</b>			
4. FEI Number <b>59-1051501</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HYMAN, FLORA B 220 TALLEYRAND AVE JAX, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address <b>1846 Margaret St</b> Box Number is Not Applicable City <b>Jacksonville FL</b> Zip Code <b>32204</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>HYMAN, FLORA B</b> <b>220 TALLEYRAND AVE</b> <b>JAX, FL 00000,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C, P, T, D</b> <b>1846 Margaret St Apt 1B</b> <b>Jacksonville, FL 32204</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>CARTER, MIRIAM S.</b> <b>220 TALLEYRAND AVE.</b> <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP D</b> <b>ADKINS, ALYCE G</b> <b>220 TALLEYRAND AVE.</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Alyce G. Adkins</b> <b>4301 WILLINGHAM WAY</b> <b>Columbia SC 29206</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROGOW, LEELA</b> <b>220 TALLEYRAND AVE.</b> <b>JACKSONVILLE, FL 32202</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>THOMAS W Brooks Jr</b> <b>1301 Riverdale Blvd Suite 201R</b> <b>Jacksonville, FL 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Flora B. Hyman</u> <u>Flora B. Hyman Pres</u> <u>4/30/04</u> <u>(904) 384-8405</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					