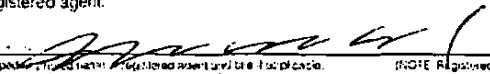
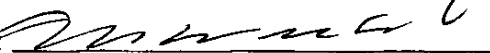


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/14/2008-90013-026-\$150.00-\$150.00

DOCUMENT # 295289 1. Entity Name AHPLA, INC.						FILED 08 JUN 12 PM 12:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1718 KINGSLEY AVE ORANGE PARK FL 32067				Mailing Address 1718 KINGSLEY AVE ORANGE PARK FL 32067			
2. Principal Place of Business - No P.O. Box # 1722 Kingsley Ave				3. Mailing Address 1722 Kingsley Ave			
Suite, Apt. #, etc. Ste 195				Suite, Apt. #, etc. Ste 195			
City & State Orange Park, Fl				City & State Orange Park, Fl			
Zip 32073		Country USA		Zip 32073		Country USA	
4. FEI Number 59-1220613				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILHITE, MARVIN E 1718 KINGSLEY AVE ORANGE PARK FL 32073				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  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILHITE, MARVIN E 1718 KINGSLEY AVE ORANGE PARK FL 32067	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOAS, SHIRLEY 1718 KINGSLEY AVE ORANGE PARK FL 32067	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP FLOWERS, EARL 126 COLLEGE AVENUE JACKSON AL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	