

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # J45680

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



Principal Place of Business

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

Mailing Address

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



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2765743

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME MAXON, LEROY J. SR.
STREET ADDRESS 2410 DUFF ROAD
CITY - ST - ZIP LAKELAND, FL 33810

TITLE STD
NAME MAXON, THOMAS H.
STREET ADDRESS 1615 N. 29 AVE
CITY - ST - ZIP HOLLYWOOD, FL 33020

TITLE DV
NAME MAXON, LEROY J JR
STREET ADDRESS P.O. BOX 1405 N/A
CITY - ST - ZIP ANTHONY, FL 32617

TITLE D
NAME ROSENTHAL, MARY LEE
STREET ADDRESS 2421 CHESHIRE PL
CITY - ST - ZIP LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000262646
03/14/05-80064-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2005 (863) 859-0972

Date

Daytime Phone #