


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J45680</b> 1. Entity Name A.H.C.N.C., INC.	
--	---

<b>Principal Place of Business</b> STE 218 300 - 41ST ST MIAMI BEACH, FL 33140 US	<b>Mailing Address</b> STE 218 300 - 41ST ST MIAMI BEACH, FL 33140 US
--	--



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2765743	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

<b>6. Name and Address of Current Registered Agent</b>  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U000000533044  
05/06/06-80109-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXON, LEROY J. SR. 2410 DUFF ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAXON, THOMAS H. 1615 N. 29 AVE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAXON, LEROY J JR P.O. BOX 1405 N/A ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTAHL, MARY LEE 2421 CHESHIRE PL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.** 4/19/06 869-858-0972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #