

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # K63201

1. Entity Name
AEH CORP.



Principal Place of Business
C/O PETER LAWRENCE COMPANY
4710 EISENHOWER BLVD., C-1
TAMPA, FL 33634

Mailing Address
C/O PETER LAWRENCE COMPANY
4710 EISENHOWER BLVD., C-1
TAMPA, FL 33634



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2997389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD.
SUITE C-1
TAMPA, FL 33634

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000702933
04/20/07-80121-004 150.00

10. OFFICERS AND DIRECTORS

TITLE DCT
NAME ABRAMS, ALLAN
STREET ADDRESS 4710 EISENHOWER BLVD, STE C-1
CITY-ST-ZIP TAMPA, FL 33634

TITLE DS
NAME LLEWELLYN, ROBERTA
STREET ADDRESS 4710 EISENHOWER BLVD, STE C-1
CITY-ST-ZIP TAMPA, FL 33634

TITLE P
NAME HOOVER, KRISTOPHER M
STREET ADDRESS 4710 EISENHOWER BLVD STE C-1
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kristopher Hoover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

2/28/07
Date

813-889-8855
Daytime Phone