


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96755</b> 1. Entity Name AHECO FINANCIAL CORPORATION		
Principal Place of Business 1208-B BELL SHOALS RD. BRANDON, FL 33511 US	Mailing Address POST OFFICE BOX 828 VALRICO, FL 33595-828 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KOSEN, RICHARD R ESQ 112 W WINDHURST RD BRANDON, FL 33510		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HAUNSTETTER, FRANCIS 1820 S ST CLOUD AVE VALRICO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAUNSTETTER, JR F X 1820 S ST CLOUD AVE VALRICO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAUNSTETTER, DENISE M. 1820 S ST CLOUD AVE VALRICO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>Francis X Haunstetter, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> FRANCIS X HAUNSTETTER, PRESIDENT		01/08/2004 813-689-5044 <small>Date Daytime Phone #</small>



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2712852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/15/04-80001-005 150.00

**DO NOT WRITE  
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