

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90116 023 ***158.75

DOCUMENT # P02000038599

1. Entity Name
AHFI GROUP OF COMPANIES INCORPORATED



Principal Place of Business
**19444 EDGEWATER DR.
PORT CHARLOTTE, FL 33948**

Mailing Address
**19444 EDGEWATER DR.
PORT CHARLOTTE, FL 33948**

5401100

2. Principal Place of Business

27499 RIVERVIEW CENTER BLVD
Suite, Apt. #, etc.

SUITE 242

City & State
BONITA SPRINGS

Zip
34134

Country
LEE

3. Mailing Address

27499 RIVERVIEW CENTER BLVD.
Suite, Apt. #, etc.

SUITE 242

City & State
BONITA SPRINGS

Zip
34134

Country
LEE

08312004

Chg-P

CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SASS, JAMES R
19444 EDGEWATER DR.
PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

Name
JAMES R. SASS

Street Address (P.O. Box Number is Not Acceptable)
27499 RIVERVIEW CENTER BLVD., #242

City
BONITA SPRINGS

FL

Zip Code
34134

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

James R. Sass

8/31/2004

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
P ☐ De'te
NAME
SASS, JAMES R
STREET ADDRESS
19444 EDGEWATER DR.
CITY-ST-ZIP
PORT CHARLOTTE, FL 33948

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ De'te
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

James R. Sass 8/31/2004

239-444-1771 Ext 1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone