2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90019 011 ***150.00

DOCUMENT # P02000114235

1. Entity Name
H.H.C. OF CENTRAL FL, INC.

Principal Place of Business	Mailing Address
1015 CARLTON CT. LEESBURG, FL 34748	1015 CARLTON CT. LEESBURG, FL 34748

54065340

DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2155929
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HOWARD, SHIRLEY E~~
1015 CARLTON CT.
LEESBURG, FL 34748

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____

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	~~PD~~
NAME	~~KELLEY, JANET~~ DELETE
STREET ADDRESS	~~RT. 1 BOX 268~~
CITY-ST-ZIP	~~BRANFORD, FL 32008~~
TITLE	~~STD~~ STD
NAME	HOWARD, SHIRLEY E
STREET ADDRESS	1015 CARLTON CT.
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VD
NAME	HOWARD, DAVID L JR.
STREET ADDRESS	10004 CANTERBURY DR.
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	~~D~~
NAME	~~HOWELL, BERNIS M~~ DELETE
STREET ADDRESS	~~RT. 1 BOX 268~~
CITY-ST-ZIP	~~BRANFORD, FL 32008~~ DECEASED
TITLE	PD
NAME	HOWARD, ALFRED H. ADD
STREET ADDRESS	1112 CABALLO ROAD
CITY-ST-ZIP	LEESBURG, FL. 34748
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 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: Shirley E. Howard SHIRLEY E. HOWARD 7/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #