

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000114235

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



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

Mailing Address

1015 CARLTON CT.  
LEESBURG, FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006 Chg-P CR2E034 (11/05)

50006376



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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                      | 11.                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------|----------------------|---------------------------------|---|---|
| TITLE          | STD                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HOWARD, SHIRLEY E    |                                 | NAME  |   |
| STREET ADDRESS | 1015 CARLTON CT.     |                                 | STREET ADDRESS                                    |   |
| CITY-ST-ZIP    | LEESBURG, FL 34748   |                                 | CITY-ST-ZIP                                       |   |
| TITLE          | PD                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HOWARD, DAVID L JR.  |                                 | NAME  |   |
| STREET ADDRESS | 10004 CANTERBURY DR. |                                 | STREET ADDRESS                                    |   |
| CITY-ST-ZIP    | LEESBURG, FL 34788   |                                 | CITY-ST-ZIP                                       |   |
| TITLE          | VPD                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HOWARD, ALFRED H     |                                 | NAME  |   |
| STREET ADDRESS | 1112 CABALLO ROAD    |                                 | STREET ADDRESS                                    |   |
| CITY-ST-ZIP    | LEESBURG, FL 34748   |                                 | CITY-ST-ZIP                                       |   |
| TITLE          |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                 | NAME  |   |
| STREET ADDRESS |                      |                                 | STREET ADDRESS                                    |   |
| CITY-ST-ZIP    |                      |                                 | CITY-ST-ZIP                                       |   |
| TITLE          |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                 | NAME  |   |
| STREET ADDRESS |                      |                                 | STREET ADDRESS                                    |   |
| CITY-ST-ZIP    |                      |                                 | CITY-ST-ZIP                                       |   |
| TITLE          |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                 | NAME  |   |
| STREET ADDRESS |                      |                                 | STREET ADDRESS                                    |   |
| CITY-ST-ZIP    |                      |                                 | CITY-ST-ZIP                                       |   |

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:** *Shirley E. Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 352-787-6879  
Daytime Phone #