

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 011 ***150.00

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01192005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000077534 1. Entity Name ANH HOLDINGS CORPORATION			
Principal Place of Business PARKVIEW OFFICES 33 4TH ST N ST PETERSBURG, FL 33701		Mailing Address PARKVIEW OFFICES 33 4TH ST N ST PETERSBURG, FL 33701	
2. Principal Place of Business 2047-2nd Ave. No Suite, Apt. #, etc.		3. Mailing Address 2047-2nd Ave. No. Suite, Apt. #, etc.	
City & State ST Petersburg, FL Zip 33713		City & State ST Petersburg, FL Zip 33713	
Country Pinellas		Country Pinellas	
4. FEI Number 84-1664373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTINORE, RICHARD F 41 4TH ST N ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name: Richard F. Antinore Street Address (P.O. Box Number is Not Acceptable) 2047-2nd Ave No. City: ST Petersburg FL Zip Code: 33713	
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: <u>Richard F. Antinore</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: HALLIGAN, THOMAS W STREET ADDRESS: 1035 ARLINGTON AVE #501 CITY-ST-ZIP: ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE: HALLIGAN, THOMAS W NAME: 2047-2nd Ave N. STREET ADDRESS: ST Petersburg FL 33713 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
TITLE: STD NAME: ANTINORE, RICHARD F STREET ADDRESS: 41 4TH ST N CITY-ST-ZIP: ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE: ANTINORE, RICHARD F. NAME: 2047-2nd Ave N. STREET ADDRESS: ST Petersburg, FL 33713 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS change
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Richard F. Antinore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/20/05</u> 1-727235-4482 <small>Daytime Phone #</small>	