

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000124624

1. Entity Name

A.H. PROCESSING SERVICE AND REAL ESTATE CORP.



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

02-28-2005 90217 046 ***150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business 2592 CLUBHOUSE CIR SARASOTA FL 34232		Mailing Address 2592 CLUBHOUSE CIR SARASOTA FL 34232	
2. Principal Place of Business 2592 Club House CIR 2592 Clubhouse CIR		3. Mailing Address Suite, Apt. #, etc. 204	
Suite, Apt. #, etc. 204		City & State SARASOTA, FL	
City & State SARASOTA, FL	Zip 34232	City & State SARASOTA, FL	Zip 34232
Country USA	Country USA		

4. FEI Number	<input checked="" type="checkbox"/> 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 HUDSON, ANGELINE 2592 CLUBHOUSE CIR SARASOTA FL 34232	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO HUDSON, ANGELINE 2592 CLUBHOUSE CIR SARASOTA FL 34232	<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
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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: *Angeline Hudson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

944-
Feb 2005 922-5422
Daytime Phone #