

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90079 030 ***150.00

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1. Entity Name
A H EPIPHANY CORP



Principal Place of Business

3240 SW 34TH STREET
APT 715
OCALA, FL 34474-7499

Mailing Address

3240 SW 34TH STREET
APT 715
OCALA, FL 34474-7499

40046971



2. Principal Place of Business

4380 SE 53RD ST

Suite, Apt. #, etc.

3. Mailing Address

4380 SE 53RD ST

Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number **20-2018234**
APPLIED FOR

Applied For
Not Applicable

Zip

34480

Country

MARION

Zip

34480

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYNARD, ARLENE
3240 SW 34TH STREET
APT 715
OCALA, FL 34474-7499

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME HYNARD, ARLENE
STREET ADDRESS 3240 SW 34TH STREET APT 715
CITY-ST-ZIP Ocala, FL 344747499

TITLE VD ☐ Delete
NAME HYNARD, JEFFREY
STREET ADDRESS 3240 SW 34TH STREET APT 715
CITY-ST-ZIP Ocala, FL 344747499

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-2006