

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

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 034 ***150.00

DOCUMENT # P05000160428

1. Entity Name

Ait Hea Hk, Inc.



DO NOT WRITE IN THIS SPACE

40089917

2. Principal Place of Business

Ormond Beach, FL

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4124

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Volusia County

City & State

Ormond Beach, FL

4. FEI Number

20-3910300

Applied For

Not Applicable

Zip

Country

USA

Zip

32175

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carol Mosca

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

89 S. Atlantic Ave

City

Ormond Beach

FL

Zip Code

32175

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

4/28/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President

Carol Mosca

89 S. Atlantic Ave

Ormond Beach, FL 32175

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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 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 #

4/28/06 3862357955