

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000059527

1. Entity Name
AHERN PROPERTIES, INC.



Principal Place of Business
**2215 SOUTH THIRD STREET
STE. 201
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**2215 SOUTH THIRD STREET
STE. 201
JACKSONVILLE BEACH, FL 32250**



DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3270592** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**AHERN, FRED L JR
2215 SOUTH THIRD STREET
STE. 201
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when amending)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AHERN, FRED L JR
STREET ADDRESS	2215 SOUTH THIRD STREET
CITY-ST-ZIP	JACKSONVILLE BEACH, FL
TITLE	ST
NAME	AHERN, SR. F
STREET ADDRESS	2215 S. 3RD STREET
CITY-ST-ZIP	JACKSONVILLE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80016-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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, will call other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

904-241-4355

Date

Daytime Phone #