


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000060559	
1. Entity Name FHVA, INC.	

Principal Place of Business 3450 EAST FLETCHER AVENUE STE. 110 TAMPA, FL 33613 US	Mailing Address 3450 EAST FLETCHER AVENUE STE. 110 TAMPA, FL 33613 US
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03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3392564	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  AYLWARD, ROBERT E 600 SOUTH MAGNOLIA ST., STE. 100 TAMPA, FL 33606
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	P KLEIN, KEVIN L. 16918 CANDELEDA DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SMITH, JAMES O MD. 10531 HOMESTEAD DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT PASCUAL, EDWARD E 13606 WATERFALL WAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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V00000108356  
04/09/04 80052-014 150.00

**DO NOT WRITE  
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  4/2/04 813.971-24268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #