

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 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



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3392564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 SOUTH MAGNOLIA ST., STE. 100
TAMPA, FL 33606

**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 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	P
NAME	KLEIN, KEVIN L.
STREET ADDRESS	16918 CANDELEDA DE AVILA
CITY- ST- ZIP	TAMPA, FL 33613

TITLE	VPS
NAME	SMITH, JAMES O MD.
STREET ADDRESS	10531 HOMESTEAD DR.
CITY- ST- ZIP	TAMPA, FL 33618

TITLE	VPT
NAME	PASCUAL, EDWARD E
STREET ADDRESS	13606 WATERFALL WAY
CITY- ST- ZIP	TAMPA, FL 33624

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000452146
03/11/06-80015-005 150.00

**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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/06

813.971.2124

Kevin Klein