

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 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



04132007 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 ☐ \$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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000723093
05/08/07-80025-018 50.00

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

**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

4/17/07

Date

813.971.2424

Daytime Phone #

Kevin L. Klein