

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90459 002 ***158.75

DOCUMENT # P98000036033

1. Entity Name
AHC ASSOCIATES, INC.



Principal Place of Business
**3715 AZEALE ST
TAMPA, FL 33594**

Mailing Address
**2911 N. BLVD
TAMPA, FL 33602**

Same

24073777



DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3505830

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DESENA, JOSEPH
2911 N. BLVD
TAMPA, FL 33602**

**3011 Partridge Pt. TL
Valrico, FL 33594**

**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

Joseph De Sena
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.28.04

**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
MCLEAN, GAIL L
3011 PATRIDGE PT TL
BRANDON, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
DESENA, JOSEPH
3011 PATRIDGE PT TL
BRANDON, FL 33594**

retired

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Gail L McLean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.04

813

226-3050