

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

05-10-2004 90459 002 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24073777



03022004 No Chg-P CR2E034 (10/03)

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*

DO NOT WRITE IN THIS SPACE

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

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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 DATE 4.28.04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <i>retired</i>
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 DATE 4.28.04 813 226-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #