

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 004 ***150.00

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1. Entity Name
AAHB, INC.

Principal Place of Business Mailing Address
21 MCGREGOR ROAD 21 MCGREGOR ROAD
WHOODS HOLE, MA 02543 US WHOODS HOLE, MA 02543 US

J4000041



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State City & State
Woods Hole, MA Woods Hole, MA
 Zip Country Zip Country

4. FEI Number Applied For
59-2803720 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, LUCY W.
2320 NELLIE ST
LARGO, FL 34644

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V Delete
 NAME **LIGHTFOOT, TERESA L.**
 STREET ADDRESS **1050 STARKEY RD #401**
 CITY-ST-ZIP **LARGO, FL 33773**

TITLE V Change Addition
 NAME **LIGHTFOOT, TERESA L.**
 STREET ADDRESS **32740 Lister Rd**
 CITY-ST-ZIP **Dade City, FL 33523**

TITLE P Delete
 NAME **BARTLETT, LUCY W**
 STREET ADDRESS **2320 NELLIE ST**
 CITY-ST-ZIP **LARGO, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Lucy W. Bartlett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 (508)540-9518
 Date Daytime Phone #