

# **AR01** (ef)

#### **Annual Return**



Received for filing in Electronic Format on the: 29/10/2009

Company Name: AHBD LIMITED

Company Number: 05959530

Date of this return: 09/10/2009

SIC codes: 9302

Private company limited by shares Company Type:

Situation of Registered

**26 MAYFLOWER GARDENS** 

Office: **NAILSEA** 

NORTH SOMERSET

**BS48 1QW** 

## Officers of the company

Company Secretary

Type: Person

Full forename(s): PETER JULIAN

Surname: **IRISH** 

Former names:

Service Address: 26 MAYFLOWER GARDENS

NAILSEA

NORTH SOMERSET

**BS48 1QW** 

Company Director 1

Type: Person

Full forename(s): KAREN

Surname: IRISH

Former names:

Service Address: 26 MAYFLOWER GARDENS

**NAILSEA** 

NORTH SOMERSET

**BS48 1QW** 

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: 30/05/1968 Nationality: BRITISH

Occupation: HAIR DRESSER

# Company Director

Type: Person

Full forename(s): PETER JULIAN

Surname: **IRISH** 

Former names:

Service Address: **26 MAYFLOWER GARDENS** 

**NAILSEA** 

NORTH SOMERSET

**BS48 1QW** 

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: 25/05/1961 Nationality: BRITISH

Occupation: **CLEANER** 

### Statement of Capital (Share Capital)

Class of shares	ORDINARY GBP	Number allotted Aggregate nominal value	100 100	
Currency		Amount paid	1	
		Amount unpaid	0	

Prescribed particulars ALL SHARES RANK EQUALLY IN TERMS OF VOTING RIGHTS - ONE VOTE FOR EACH SHARE

Statement of Capital (Totals)				
Currency	GBP	Total number of shares	100	
		Total aggregate nominal value	100	

### Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 09/10/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for a private or non-traded public company are shown below

Shareholding 1:

60 ORDINARY Shares held as at 09/10/2009

Name: KAREN IRISH

Address:

Shareholding 2:

40 ORDINARY Shares held as at 09/10/2009

Name: PETER JULIAN IRISH

Address:

Presenter information
Contact Name: Address:
Authorisation
Authenticated
This form was authorised by one of the following:
Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor