


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000107874**

1. Entity Name  
**AFFORDABLE SPAS, INC.**



Principal Place of Business      Mailing Address

6047 17TH ST. EAST      6047 17TH ST. EAST  
 BRADENTON, FL 34203      BRADENTON, FL 34203

**DO NOT WRITE IN THIS SPACE**



02232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1061097**      Not Applicable

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

6. Name and Address of Current Registered Agent

**DOBROSKY, RAYMOND C**  
 6047 17TH ST. EAST  
 BRADENTON, FL 34203

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DOBROSKY, RAYMOND C
STREET ADDRESS	6047 17TH ST. EAST
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 Raymond Dobrosky      **RAYMOND DOBROSKY**      3-24-05      941-739-8774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #