2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002168

1. Entity Name
AFFORDABLE CARE, INC.

Principal Place of Business	Mailing Address
4990 HIGHWAY 70 WEST KINSTON, NC 28504	P.O. BOX 1042 KINSTON, NC 28503

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1505559
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

000000165824
07/12/04-80029-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EDWARDS, GEORGE L JR.
STREET ADDRESS	P.O. BOX 1042
CITY-ST-ZIP	KINSTON, NC 28503
TITLE	DS
NAME	HENSON, DONALD L
STREET ADDRESS	P.O. BOX 1042
CITY-ST-ZIP	KINSTON, NC 28503
TITLE	V
NAME	PATE, G. TIMOTHY
STREET ADDRESS	P.O. BOX 1042
CITY-ST-ZIP	KINSTON, NC 28503
TITLE	T
NAME	STEELMAN, PAUL
STREET ADDRESS	P.O. BOX 1042
CITY-ST-ZIP	KINSTON, NC 28503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Geo / Edwards / George L. Edwards 7-9-04 252-527-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #