

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # 413946

1. Entity Name
AFFILIATED RESOURCES CORPORATON



Principal Place of Business

**5020 GUNN HWY.
SUITE 240
TAMPA, FL 33624**

Mailing Address

**5020 GUNN HWY.
SUITE 240
TAMPA, FL 33624**



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1442056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUNILL, B.C.
5020 GUNN HWY.
SUITE 240
TAMPA, FL 33624**

**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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
CUNILL, B.C.
5020 GUNN HWY, STE. 240
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HERNANDEZ, C.A.
5020 GUNN HWY ATE 240
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SECKINGER, A.H.
5020 GUNN HWY., STE. 240
TAMPA, FL**

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**

UN00000272947
03/23/05-80009-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. CUNILL

Date

3/18/05 813/269-2274

Daytime Phone #