


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90029 033 ***150.00

| | | | | | |
|--|----|---|---|---|--|
| DOCUMENT # 574287 1. Entity Name AFFORDABLE AUTO INSURANCE, INC. | | | |  | |
| Principal Place of Business 3200 BAY DR, SUITE H LARGO, FL 34641 US | | | Mailing Address 3200 E BAY DR, SUITE H LARGO, FL 33771 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | Country | |
| 4. FEI Number 59-1903301 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent FRED E. WILLIAMS 106 DRIFTWOOD LANE LARGO, FL 33770 | | | | | |
| 7. Name and Address of New Registered Agent Name Inge Williams Street Address (P.O. Box Number is Not Applicable) 106 DRIFTWOOD LANE City LARGO FL 33770 | | | | | |
| 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 <i>[Signature]</i> DATE 4-1-08 | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | WILLIAMS, FRED | <input checked="" type="checkbox"/> Delete | | |
| NAME | | 3200 E BAY DR. | | | |
| STREET ADDRESS | | LARGO, FL 32771 | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | ST | WILLIAMS, INGE | <input type="checkbox"/> Delete | | |
| NAME | | 106 DRIFTWOOD LN. | | | |
| STREET ADDRESS | | LARGO, FL 33771 | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> DATE 4-1-08 DAYTIME PHONE # 727-3587 | | | | | |