

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90032 050 \*\*\*150.00

**DOCUMENT # 613085**

1. Entity Name  
**THE AFFIRMED CORPORATION**



Principal Place of Business  
**C/O JAMES P. EDMONSON  
1380 SOUTH HARBOR BLVD.  
ANAHEIM, CA 92802**

Mailing Address  
**C/O JAMES P. EDMONSON  
1380 SOUTH HARBOR BLVD.  
ANAHEIM, CA 92802**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1601017**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**EDMONDSON, JAMES P.  
5001 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33308**

**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 \$550.00  
Due by September 12, 2008**

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  
**DPVS  
EDMONDSON, JAMES P.  
1380 S. HARBOR BLVD.  
ANAHEIM, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *J.P. Edmondson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2008 714-618-6004  
Date Daytime Phone #

GREAT AMERICAN LAND COMPANY  
ATTACHMENT  
40110850



July 8, 2008

Division of Corporations  
State of Florida  
P.O. Box 8800  
Tallahassee, FL 32314

RE: 2008 For Profit Corporation Annual Report  
The Affirmed Corporation Document #613085

Dear Sir or Madame:

Enclosed is our completed Annual Report as referenced above, along with our check in the amount of \$150.00 for filing fees.

I respectfully request that the \$400.00 late fee be waived as I did not receive the original mailed Notice. I did receive the Notice of Intent To Dissolve in the mail today.

Thank you in advance for your help in this matter.

Very truly yours,

A handwritten signature in cursive script that reads 'Jeannie Vance'.

Jeannie Vance  
Controller  
The Affirmed Corporation

Enclosures