2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678359

Entity Name: A.F.C. SYSTEMS, INC.

FILED May 02, 2005 Secretary of State

Entity Name: A.F.C. SYSTEMS, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
8419 SUNS TAMPA, FL	STATE STREE . 33634 US					
Current Mailing Address:			New Maili	New Mailing Address:		
8419 SUNSTATE STREET TAMPA, FL 33634 US						
FEI Number:	59-2011904	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ANDERSON, DAVID T 5202 SAND TRAP PLACE VALRICO, FL 33594 US			200 1ST A\ UNIT 311	ANDERSON, DAVID T 200 1ST AVENUE UNIT 311 ST. PETERSBURG, FL 33706 US		
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.						
SIGNATURE: DAVID T. ANDERSON					05/02/2005	
	Electron	ic Signature of Registered Agen	t		Date	
		B(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () ANDERSON, DA 5202 SAND TRA VALRICO, FL 3	AP PLACE	Title: Name: Address: City-St-Zip:	ANDERSON, DA 200 1ST. AVEN		
Title: Name: Address: City-St-Zip:	T () LAPLANTE, YVO 3029 WISTER O VALRICO, FL 3	CIRCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SSVP () LAPLANTE, RIC 3029 WISTER (VALRICO, FL 3	CIRCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CIO () BLAIS, MARK 3255 STONEBR VALRICO, FL 3		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	NAIL, DAVID A	Change (X) Addition GROVE DRIVE 33594	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.