## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 678359** 

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

FILED Dec 08, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8419 SUNSTATE STREET TAMPA, FL 33634

**Current Mailing Address: New Mailing Address:** 

8419 SUNSTATE STREET TAMPA, FL 33634

FEI Number: 59-2011904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, DAVID T ANDERSON, DAVID T 200 1ST AVENUE 8419 SUNSTATE STREET TAMPA, FL 33634 **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: 12/08/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: PCFO (X) Change ( ) Addition ANDERSON, DAVID T Name: Name: ANDERSON, DAVID T 200 1ST. AVENUE, UNIT 311 8419 SUNSTATE STREET Address: Address: City-St-Zip: ST. PETERSBURG, FL 33706 US City-St-Zip: TAMPA, FL 33634 US

Title: Title: SECT () Delete SECT (X) Change ( ) Addition

MURRAY, JACK Name: HIGBEE, R A Name:

501 EAST KENNEDY BLVD, SUITE 1700 1700 MACDILL AVE, SUITE 220 Address: Address:

TAMPA, FL 33602 US TAMPA, FL 33629 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition COO ( ) Delete COO

NAIL, DAVID A NAIL, DAVID A Name: Name:

8419 SUNSTATE STREET 4010 VALRICO GROVE DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: TAMPA, FL 33634 US

Title: CFO () Delete Title: CFO (X) Change ( ) Addition

NAIL, DAVID A NAIL, DAVID A Name: Name: Address: 4010 VALRICO GROVE DRIVE Address: 8419 SUNSTATE STREET

City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete Title: CHRM ( ) Change (X) Addition

BURTRON, STEWART Name: Name: Address: Address: 1700 MACDILL AVE. SUITE 220

City-St-Zip: City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: DAVID A. NAIL COO 12/08/2006