


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90131 001 \*\*\*\*\*8.75  
02-08-2007 90131 002 \*\*\*\*\*61.25

<b>DOCUMENT # 717757</b>		
1. Entity Name <b>A F S INCORPORATED</b>		

Principal Place of Business <b>2389 NORVELL BRYANT HWY. PO BOX 196 BEVERLY HILLS, FL 34464 US</b>	Mailing Address <b>P O BOX 640196 BEVERLY HILLS, FL 34464 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2389 W. Norvell Bryant Hwy</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Lecanto, FL</b>	City & State
Zip <b>34461</b>	Country <b>USA</b>



01282007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>23-7077608</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>VERGARI, VICTOR V 3736 N. TAMARISK AVE. BEVERLY HILLS, FL 34465</b>		7. Name and Address of New Registered Agent Name <b>Herbert J. Louque</b> Street Address (P.O. Box Number is Not Acceptable) <b>5439 N. Mint Pt.</b> City <b>Beverly Hills</b> FL Zip Code <b>34465</b>	
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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 HERBERT J. LOUQUE *Herbert J. Louque* 1/30/07  
Signature, typed or printed name of registered agent and title if applicable (N/A/C: Registered agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRICCA, CHESTER 380 N. CORNISH PT LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goss Sr., Kenneth 3640 N. Laurelwood Loop Beverly Hills, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDAZZO, PAUL 6818 W CANNONDALE DR CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Zizza, Frank 14 Della St. Beverly Hills, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERGARI, VICTOR V 3736 N. TAMARISK AVE BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cipollone, Harold 1564 N. Dimaggio Path Hemando, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: HERBERT J. LOUQUE *Herbert J. Louque* January 30, 2007 352-746-7563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #