

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # G47158

1. Entity Name
AFRICAN FORMULA PRODUCTS, INC.



Principal Place of Business

**4615 NW 6TH STREET
H11
GAINESVILLE, FL 32601 US**

Mailing Address

**P.O. BOX 21675
GAINESVILLE, FL 32604**

DO NOT WRITE IN THIS SPACE



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2444578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, ADEYEMI A
903 S. BOUNDARY ST.
ARCHER, FL 32618**

**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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

DATE
04/05/06-80046-003 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMITH, ADEYEMI A
903 SOUTH BOUNDARY STREET
ARCHER, FL 32618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SMITH, ROBERT A
903 S BOUNDARY ST
ARCHER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RIVERS, CATHY
7301 W UNIVERSITY S104
GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAYINOLA, ADDIE
903 S. BOUNDRY ST.
ARCHER, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Smith Adeyemi A. Smith Sr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06

Date

352-4936618

Daytime Phone #