

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

01-22-2007 90080 025 ***150.00

DOCUMENT # H95089 1. Entity Name TPA AFFORDABLE HOMES, INC.					
Principal Place of Business 313 S. HOWARD AVE. STE 4 TAMPA, FL 33606			Mailing Address 313 S. HOWARD AVE. STE 4 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P. O. box 2290 Suite, Apt. #, etc.			
City & State Zip		City & State Tampa, FL Zip 33601		Country US	
4. FEI Number 59-2782359				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KANE, FRANK R. 313 S HOWARD AVE, STE 4 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name KANE, FRANK R. Street Address (P.O. Box Number is Not Acceptable) P. O. Box 2290 4963 BAYSHORE BLVD City TAMPA		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KANE, FRANK R. 313 S HOWARD AVE, STE 4 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KANE, FRANK R. P. O. Box 2290 TAMPA FL 33601	
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	
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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: <u><i>Frank Kane</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-15-07</u> <small>Daytime Phone: #</small>		