

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 031 ***150.00

DOCUMENT # J50744
 1. Entity Name
A.F.I.C. INVESTMENTS, INC.



Principal Place of Business: **3987 NW ST UNIT #11 PENSACOLA, FL 32505**
 Mailing Address: **P O BOX 17898 PENSACOLA FL 32522**

40019344



2. Principal Place of Business - No P.O. Box #
6706 N 9th Ave Pensacola FLA
 City & State

3. Mailing Address
P.O. Box 10729 Pensacola FL
 City & State

01302007 Chg-P CR2E034 (12/06)

4. FEI Number: **59-2752486** Applied For: Not Applicable:

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

Zip: **32504** Country: **USA** Zip: **32524** Country: **USA**

6. Name and Address of Current Registered Agent
BAROCO, RONALD A
6706 N. 9TH AVE
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

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: *Ronald Baroco* DATE: **1/31/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BAROCO, RONALD ANTHONY STREET ADDRESS: 14230 RIVER RD CITY-ST-ZIP: PENSACOLA, FL 32507	<input type="checkbox"/> Delete
TITLE: PD NAME: BAROCO, J H JR STREET ADDRESS: 6706 NORTH 9TH AVENUE CITY-ST-ZIP: PENSACOLA, FL	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: BAROCO, VICKI ANN STREET ADDRESS: 1182 E. LAKEVIEW AVE CITY-ST-ZIP: PENSACOLA, FL 32503	<input type="checkbox"/> Delete
TITLE: STD NAME: NOONAN, MARY ANTONIA STREET ADDRESS: 1301 SOUNDVIEW TR. CITY-ST-ZIP: GULF BREEZE, FL 32561	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Anthony Baroco* ANTHONY BAROCO 1/31/07 850 4792441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #