



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90092 040 \*\*\*150.00

<b>DOCUMENT # N04000011983</b> 1. Entity Name <b>AFFORDABLE QUALITY SERVICES, INC.</b>					
Principal Place of Business <b>1875 ALLENDALE DRIVE</b> <b>CLEARWATER, FL 33760 US</b>			Mailing Address <b>1875 ALLENDALE DRIVE</b> <b>CLEARWATER, FL 33760 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40031685</b>  02262006 Chg-NP CR2E037 (11/05)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>20-2061058</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PUSKAS, IRIS L</b> <b>307 LEEWARD ISLAND</b> <b>CLEARWATER, FL 33767</b>			7. Name and Address of New Registered Agent Name <u>Puskas, Iris L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1875 Allendale Drive</u> City <u>Clearwater</u> <b>FL</b> Zip Code <u>33760</u>		
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 <u>Iris L. Puskas</u> <u>Iris L. Puskas President/Registered Agent 2-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PUSKAS, IRIS L</b> <b>POB: 3254</b> <b>CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Nina Milanese</b> <b>POB 3254</b> <b>Clearwater Beach, FL 33767</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR <b>MATONTE, PHILIP J</b> <b>POB: 3185</b> <b>CLEARWATER BEACH, FL 33787</b>	<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	VP <b>ROBBINS, GAIL</b> <b>P.O. BOX 3254</b> <b>CLEARWATER BEACH, FL 33787</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Iris Puskas</u>		<u>Iris Puskas</u>		<u>2-26-06</u> <u>(727) 423 6765</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	