

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N04000011983

1. Entity Name
AFFORDABLE QUALITY SERVICES, INC.



Principal Place of Business

**1875 ALLENDALE DRIVE
CLEARWATER, FL 33760 US**

Mailing Address

**1875 ALLENDALE DRIVE
CLEARWATER, FL 33760 US**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2061058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUSKAS, IRIS L
1875 ALLENDALE DR
CLEARWATER, FL 33760**

**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)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PUSKAS, IRIS L
POB: 3254
CLEARWATER BEACH, FL 33767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/TR
MATONTE, PHILIP J
POB: 3185
CLEARWATER BEACH, FL 33767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MILANESE, NINA
P.O. BOX 3254
CLEARWATER BEACH, FL 33767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000752419
05/21/07-80016-011 61.25.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Iris Puskas **IRIS PUSKAS**

4/27/07

DATE

(727) 4236765

DAYTIME PHONE #