

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90029 003 ***150.00

DOCUMENT # P00000073476 1. Entity Name AFFORDABLE MANUFACTURED HOMES, INC.					
Principal Place of Business 8072 HARRISBURG DR. FT. MYERS, FL 33912			Mailing Address 8072 HARRISBURG DR. FT. MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc. 17363 MEADOW LAKE CIRCLE			3. Mailing Address Suite, Apt. #, etc. 17363 MEADOW LAKE CIRCLE		
City & State Fort Myers, FL 33912			City & State Fort Myers, FL 33912		
Zip 33912		Country USA		4. FEI Number 65-1027589	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DESJARDINS, ALAN 1541 HARMONY DRIVE PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name KUCHAR, MATTHEW S. Street Address (P.O. Box Number is Not Acceptable) 17363 MEADOW LAKE CIRCLE City Fort Myers		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VSD <input type="checkbox"/> Delete KUCHAR, MATTHEW S 9854 BERNWOOD PLACE DR #204 FT MYERS, FL 33952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17363 MEADOW LAKE CIRCLE Fort Myers, FL 33912	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete DESJARDINS, ALAN 1641 Harmony Drive Port Charlotte, FL 33952		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	
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	
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 exemption stated in Section 119.07(3)(i), 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>Matthew S Kuchar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

34006348



01292004 Chg-P CR2E034 (10/03)

Applied For

Not Applicable

Zip Code

FL

33912

Date

Daytime Phone #