


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**


03-07-2005 90282 001 \*\*\*150.00

<b>DOCUMENT # P01000044751</b>	
1. Entity Name <b>AFFORDABLE ABODES, INC.</b>	

Principal Place of Business 31790 US 19 N SUITE 207 PALM HARBOR, FL 34684-3736	Mailing Address 31790 US 19 N SUITE 207 PALM HARBOR, FL 34684-3736
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2. Principal Place of Business <b>1836 MANDOLIN WAY</b>	3. Mailing Address <b>1836 MANDOLIN WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLIDAY, FL</b>	City & State <b>HOLIDAY, FL</b>
Zip <b>34690-6044</b>	Country <b>U.S.A.</b>

	
03032005	Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3722233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HAMEL, MICHEL</b> <b>31790 US 19 N</b> <b>SUITE 207</b> <b>PALM HARBOR, FL 34684-3736</b>	
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7. Name and Address of New Registered Agent Name <b>HAMEL, MICHEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1836 MANDOLIN WAY</b> City <b>HOLIDAY</b> <b>FL</b> Zip Code <b>34690-6044</b>	
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HAMEL, MICHEL 31790 US 19 N STE 207 PALM HARBOR, FL 346843736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HAMEL, MICHEL 1836 MANDOLIN WAY HOLIDAY, FL 34690-6044 <input checked="" 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
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  **pres. 3/3/05 MICHEL HAMEL**