

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000052627

1. Entity Name

AFFINITY COMPUTER CORPORATION



Principal Place of Business

230 AV K NE
WINTER HAVEN FL 33881

Mailing Address

230 AV K NE
WINTER HAVEN FL 33881



2. Principal Place of Business - No P.O. Box #

230 AV K NE

Suite, Apt. #, etc.

3. Mailing Address

230 AV K NE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

4. FEI Number

59-3746148

Applied For

☒ Not Applicable

Zip

33881

Country

USA

Zip

33881

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, KEITH EDWARD
230 AVENUE K NORTH EAST
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

FIELDS, KEITH EDWARD

Street Address (P.O. Box Number is Not Acceptable)

230 AV K NE

City

Winter Haven

FL

Zip Code

33881

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 - applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: FIELDS, KEITH EDWARD
STREET ADDRESS: 230 AVENUE K NORTH EAST
CITY - ST - ZIP: WINTER HAVEN FL 33881

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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NAME:
STREET ADDRESS:
CITY - ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

KEITH EDWARD FIELDS CEO 3-5-07 963 244 8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #