## **FILED** 2006 FOR PROFIT CORPORATION Jan 23, 2006 08:00 A ANNUAL REPORT **Secretary of State DOCUMENT # P02000000664** 1. Entity Name AFFORDABLE STORM AND SECUTIV PROTECTION CO. Mailing Address Principal Place of Business 5750 ZIP DRIVE, UNIT 2 5750 ZIP DRIVE, UNIT 2 FORT MYERS, FL 33905 FORT MYERS, FL 33905 No Cha-P CR2E034 (11/05) 01052006 DO NOT WRITE IN THIS SPACE 4. FEI Number 03-0385235 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE

1840 SW 22 ST., 4TH FL MIAMI, FL 33145

SIGNATURE:

Applied For

\$8.75 Additional

IN THIS SPACE

Jan 05 2006

Not Applicable

| the obligati  | ions of registered agent.  |  |       |                                |                           |    |
|---|--|--|-------|--------------------------------|---------------------------|----|
| SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when renstating) DATE |  |  |       |                                |                           |    |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00  | Election Campaign Financ<br>Trust Fund Contribution. | aing  | \$5.00 May Be<br>Added to Fees | 01/30/06-80094-005 150.00 |    |
| 10. OFFICERS AND DIRECTORS  |  |  |       |                                |                           |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DPT<br>EVEY, JAMES WALTER<br>13541 FERN TRAIL DR<br>NORTH FORT MYERS, FL 33903   |  |       |                                | ·                         |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | e e · | 50. Sec. 1                     |                           | *, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       |                                | NOT WRITE                 |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | The state of the s |  |       | IN.                            | THIS SPACE                |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       | . <del></del>                  |                           |    |
| TITLE NAME STREET ADDRESS   |  |  |       |                                |                           |    |

12. Thereby 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 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.

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