2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT #P02000060931** 1. Entity Name AFFORDABLE CARPORTS, INC. 07 AUG 31 PH 1: 17 SECHLIAM OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1881 HOOT OWL HILL 1881 HOOT OWL HILL TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 3. Molling Address 2. Principal Place of Business - No P.O. Box # 83 10. Bo Sulte, Apt. #, etc. Suite, Apt. #, etc. 08312007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 02-0609057 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRADDICK, WAYNE H Street Address (P.O. Box Number is Not Acceptable) 1881 HOOT OWL HILL TALLAHASSEE, FL 32317 City Zip Code 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 Synature typed or or need name of regresered agent and tale if applicable (NOTE: Registered Agent signature required when remistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITLE Change Delete NAME GRADDICK, WAYNE H NAME 300109206813 09/07/07--01033--004 **19 STREET ADORESS 1881 HOOT OWL HILL STREET ADDRESS **150,00 CRY-ST-7IP TALLAHASSEE, FL 32317 CITY-ST-718 ☐ Delete ☐ Change nollibbA 🗍 TITLE TITLE NAME GRADDICK, JOHN H NAME STREET ADDRESS 1460 HIGHLAND DR. STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32317 CITY-ST-7P Addition TITLE Delcie TITLE ☐ Change MAME GRADDICK, MARY G NAME STREET ADDRESS 1881 HOOT OWI, HILL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY - ST - ZIP TITLE Delete TITLE Change : Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP Delete TITLE Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 path; 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: