## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000083226

AFFIRMATIVE PRODUCTS INC.



**FILED** Apr 02, 2004 08:00 AM Secretary of State

Principal Place of Business

3960 OAK TRIAL RUN APT 3302 PORT ORANGE, FL 32127

Marling Address

PO BOX 290372

PORT ORANGE, FL 32129



No Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For Not Applicable

11-1646553

\$8.75 Additional

5. Certificate of Status Desired

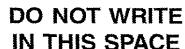
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Age

BLAKE, JUSTIN 3960 OAK TRIAL RUN APT 3302 PORT ORANGE, FL 32127



	named entity submits this statement for the priors of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered egent and title a	Lapplicable. (NOTE, Register)	ed Agent signature	required when reinstaling)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	T		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BLAKE, JUSTIN 3960 OAK TRIAL RUN APT 3302 PORT ORANGE, FL 32127	-		U00000101181 04/02/04-80002-022 150.00	
TITLE NAME STREET ADDRESS			-		84/92/84-88002-022 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 it is 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:

CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

295-5182