

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90067 034 \*\*\*150.00

**DOCUMENT # P02000090860**

1. Entity Name

AFFORDABLE HOMES, INC.



Principal Place of Business

1661 SE HAVERFORD STREET  
PORT ST. LUCIE FL 34983

Mailing Address

1661 SE HAVERFORD STREET  
PORT ST. LUCIE FL 34983

2. Principal Place of Business

1799 SE Blockton Ave

Suite, Apt. #, etc.

3. Mailing Address

1799 SE Blockton Ave

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Port St Lucie FL

Zip 34952

Country St Lucie

City & State

Port St Lucie, FL

Zip 34952

Country St Lucie

4. FEI Number

30-0105336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILIPP, MARK E  
1661 SE HAVERFORD STREET  
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

Mark E Philipp

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

1799 SE Blockton Ave

City

Port St Lucie

FL

Zip Code

34952

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

*Mark E Philipp*

*Mark E Philipp*

4-7-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PHILIPP, MARK E  
STREET ADDRESS 1661 SE HAVERFORD STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE D ☐ Delete  
NAME KAUFMAN, SERGEY  
STREET ADDRESS 1661 SE HAVERFORD STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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:

*Mark E Philipp*

4-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #