2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 04, 2004 8:00 am Secretary of State DOCUMENT # P03000025471 1. Entity Name 08-04-2004 90013 025 ***150.00 P & G AFFORDABLE PROPERTIES, INC. Principal Place of Business Mailing Address 7205 S 49TH AVENUE TAMPA FL 33619 7205 S 49TH AVENUE TAMPA FL 33619 **24066640** 2. Principal Place of Business 3. Mailing Address 6102 BOD HEAD 6102 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 46-0517106 PLANT -CITY Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 3356S NSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Greene J. Timothy PIARROT, YEONA Street Address (P.O. Box Number is Not Acceptable) **7205 S 49TH AVENUE TAMPA FL 33619** PLANT 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. 7-30-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Addition PIARROT, YEONA NAME NAME STREET ADDRESS 7205 S 49TH AVENUE STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Change Addition GREENE, J. TIMOTHY NAME NAME 7205-9 49TH AVENUE 6102 Bob HEAD Rd STREET ADDRESS STREET ADDRESS TAMPA FL 33618 CITY-ST-ZIP HANT CITY FL 33565 CITY-ST-7IP ☐ Chánge ☐ Addition NAME GREENE, SHARON P NAME 72055 49TH AVENUE 6102 BOD HEAD Rd STREET ADDRESS STREET ADDRESS TAMPA FL 33619 CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 TITLE ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

7-30-04

813 784 5668 Daytime Phone #