

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000025471

1. Entity Name
P & G AFFORDABLE PROPERTIES, INC.



Principal Place of Business

**6102 BOB HEAD RD
PLANT CITY, FL 33565**

Mailing Address

**6102 BOB HEAD RD
PLANT CITY, FL 33565**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
46-0517106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TIMOTHY, GREENE J
6102 BOB HEAD RD
PLANT CITY, FL 33565**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIARROT, YEONA
STREET ADDRESS 7205 S 49TH AVENUE
CITY-ST-ZIP TAMPA, FL 33619

TITLE VD
NAME GREENE, J. TIMOTHY
STREET ADDRESS 6102 BOB HEAD RD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE STD
NAME GREENE, SHARON P
STREET ADDRESS 6102 BOB HEAD RD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000325947
04/23/05-80037-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J. Timothy Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

813-982-2523

Daytime Phone #