


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/1

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90002 023 \*\*\*150.00

<b>DOCUMENT # P03000051837</b>	
1. Entity Name <b>AFFORDABLE SYSTEMS INC.</b>	

Principal Place of Business <b>P.O. BOX 2124 SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>P.O. BOX 2124 SANTA ROSA BEACH, FL 32459</b>
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**66407977**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03102004 Chg-P CR2E034 (10/03)

FEI Number <b>33-1057769</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>FARRISH, AUDREY 804 CHURCHILL BAYOU RD. SANTA ROSA BEACH, FL 32459</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P KEMPER, GARY</b>
STREET ADDRESS	<b>P.O. BOX 2124</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V EDWARDS, RAYMON</b>
STREET ADDRESS	<b>P.O. BOX 2124</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>TS EDWARDS, LORALYN</b>
STREET ADDRESS	<b>P.O. BOX 2124</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-12-04** Daytime Phone #