2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P03000080390 04-26-2007 90196 001 ***158.75 AFFORDABLE HOMES OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 3179 OLDE SUTTON PARKE DRIVE 3179 OLDE SUTTON PARKE DRIVE ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 cksonville 11590 MANO Suite, Apt. #, etc 04232007 Chg-P CR2E034 (12/06) Tacksonvi City & State 4. FEI Number Applied For l-Loèd ACKSON V 16-1678967 Not Applicable Country VS A \$8.75 Additional 7993 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name APHONSE, EUGENE J CPA Street Address (P.O. Box Number is Not Acceptable) 2018 SMITH STREET **ORANGE PARK, FL 32073-5543** Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ĎΡ TITLE TITLE ☐ Delete NAME PRICE, MARCUS J NAME 3179 OLDE SUTTON PARKE DRIVE STREET ADDRESS STREET ADDRESS JACKSON rille, FL 32223 11590 MANNIARIN ROAD Schange Addition CITY-ST-ZIP ORANGE PARK, FL 32073 CETY-ST-7IP TITLE ☐ Delete TITLE PRICE, JOAN L NAME NAME JACKSONVILLE, FLORIDA 32223 JOANL. PRICE Probange Produition 11590 MANDARIN LOAD 3179 OLDE SUTTON PARKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-7IP Delete TITLE TOLE HOUCK, WILLIAM LANCE NAME NAME 11590 MANDARIN RD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32223 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

FILED