

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 042 ***150.00

DOCUMENT # P03000111679

1. Entity Name

AFFORDABLE PHONES & CABELING, INC.



Principal Place of Business

9 HILTON HAVEN DRIVE
KEY WEST FL 33040

Mailing Address

9 HILTON HAVEN DRIVE
KEY WEST FL 33040

2. Principal Place of Business - No P.O. Box #

9 HILTON HAVEN RD

3. Mailing Address

9 HILTON HAVEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FLA

City & State

Key West FLA

Zip

33040

Country

MMRROR

Zip

33045

Country

MMRROR

4. FEI Number

72-1572747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JANSEN, MICHAEL E
9 HILTON HAVEN DRIVE
KEY WEST FL 33040

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

Michael E Jansen

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, 2007 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	PSTD	<input type="checkbox"/> Delete
NAME	JANSEN, MICHAEL E	
STREET ADDRESS	9 HILTON HAVEN DRIVE	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HADDERS, ROBERT	
STREET ADDRESS	9 HILTON HAVEN DRIVE	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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 exemptions contained in Section 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.

SIGNATURE:

Michael E Jansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07 305-2958376

Date

Daytime Phone #