2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080743

1. Entity Name
A-FORDABLE L.P. SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2046	P.O. BOX 2046
CRYSTALL RIVER, FL 34423-2046	CRYSTALL RIVER, FL 34423-2046

DO NOT WRITE IN THIS SPACE

60030948

04192006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
02-0726108	-	Not Applicable

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

6. Name and Address of Current Registered Agent

ROLPH, WAYNE D JR
5010 ALEXA TERRACE
CRYSTAL RIVER, FL 34426

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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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROLPH, WAYNE D
STREET ADDRESS	P.O. BOX 2046
CITY-ST-ZIP	CRYSTALL RIVER, FL 344232046

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ Wayne D. Rolph   4/28/06   352-212-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #