

## 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 24 PM 12: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000107982</b>					
<b>1. Entity Name</b> AFFORDABLE HOME AND PROPERTY MAINTENANCE, CO.					
<b>Principal Place of Business</b> 13103 SERPENTINE DR. HUDSON, FL 34667			<b>Mailing Address</b> 5408 ST JAMES DR. NEW PORT RICHEY, FL 34652		
<b>2. Principal Place of Bysiness - No P.O. Box #</b> 11330 SHEFFIELD RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11330 SHEFFIELD RD Suite, Apt. #, etc.			
<b>City &amp; State</b> SPRING HILL, FL Zip: 34608 Country: U.S.A.		<b>City &amp; State</b> SPRING HILL, FL Zip: 34608 Country: U.S.A.		<b>4. FEI Number</b> 20-4458649	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> POWANDA, ELISABETH 5255 ELWOOD RD. SPRINGHILL, FL 34608				<b>7. Name and Address of New Registered Agent</b> Name: DEBORAH M. FITCH VS Street Address (P.O. Box Number is Not Acceptable): 11330 SHEFFIELD RD City: SPRING HILL FL Zip Code: 34608	
<b>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.</b> SIGNATURE: <u>Deborah M. Fitch</u> <u>DEBORAH M. FITCH</u> <u>9/19/07</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PVST NAME: CASELLA, ANTHONY E <input type="checkbox"/> Delete STREET ADDRESS: 13103 SERPENTINE DRIVE CITY-ST-ZIP: HUDSON, FL 34667	TITLE: <u>PT</u> NAME: <u>CASELLA, ANTHONY E</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <u>11330 SHEFFIELD RD</u> CITY-ST-ZIP: <u>SPRING HILL, FL 34608</u>		TITLE: <u>VS</u> NAME: <u>FITCH, DEBORAH M.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: <u>11330 SHEFFIELD RD</u> CITY-ST-ZIP: <u>SPRING HILL, FL 34608</u>		
TITLE: <input type="checkbox"/> Delete 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:		
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<b>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.</b>					
SIGNATURE: <u>Anthony E Casella</u> <u>ANTHONY E. CASELLA</u> <u>9/19/07 (127) 207-0790</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

9/26/07