

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90009 037 \*\*\*150.00

**DOCUMENT # P05000107982**

1. Entity Name  
**AFFORDABLE HOME AND PROPERTY MAINTENANCE,  
CO.**



Principal Place of Business  
**11330 SHEFFIELD RD  
SPRINGHILL, FL 34608**

Mailing Address  
**11330 SHEFFIELD RD  
SPRINGHILL, FL 34608**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-4458649**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**FITCH, DEBORAH M VS  
11330 SHEFFIELD RD  
SPRINGHILL, FL 34608**

## 7. Name and Address of New Registered Agent

Name **Deborah M Fitch-Cusella**  
Street Address (P.O. Box Number is Not Acceptable)  
**11330 Sheffield Rd**  
**Spring Hill, FL 34608**  
City **Florida Spring Hill FL** Zip Code **34608**

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 **Deborah M Fitch-Cusella** **DEBORAH M Fitch-Cusella** **3/27/08**  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **CASELLA, ANTHONY E**  
STREET ADDRESS **11330 SHEFFIELD RD**  
CITY-ST-ZIP **SPRINGHILL, FL 34608**

TITLE **VS** ☐ Delete  
NAME **FITCH, DEBORAH M**  
STREET ADDRESS **11330 SHEFFIELD RD**  
CITY-ST-ZIP **SPRINGHILL, FL 34608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS** ☒ Change ☐ Addition  
NAME **Deborah M Fitch-Cusella**  
STREET ADDRESS **11330 Sheffield Rd**  
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:**

**Anthony E Casella**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/08 (727) 207-0790**  
Date Daytime Phone #

ATTACHMENT

40054438

# P05000107982

(STATE FILE NUMBER)

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

2008003724

SUE 2528/1068

OFFICIAL RECORDS

BK: 2528 PG: 1068



LT1-2-2008003724-1



LT2-2528-1068-1

01/23/2008 10:52AM # Pages 1  
Filed & Recorded in Official Records of  
HERNANDO COUNTY CLERK OF COURT  
KAREN NICOLAI

2007-0936

(APPLICATION NUMBER)

## APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) <b>ANTHONY EMILIO CASELLA</b>			2. DATE OF BIRTH (Month, Day, Year) <b>June 11, 1937</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>11330 SHEFFIELD RD SPRING HILL</b>		3b. COUNTY <b>HERNANDO</b>		3c. STATE <b>FLORIDA</b>	
4. BIRTHPLACE (State or Foreign Country) <b>MASSACHUSETTS</b>					
5a. BRIDE'S NAME (First, Middle, Last) <b>DEBORAH MARIE FITCH</b>			5b. MAIDEN SURNAME (if different)		
6. DATE OF BIRTH (Month, Day, Year) <b>March 9, 1952</b>					
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>11330 SHEFFIELD RD SPRING HILL</b>		7b. COUNTY <b>HERNANDO</b>		7c. STATE <b>FLORIDA</b>	
8. BIRTHPLACE (State or Foreign Country) <b>PENNSYLVANIA</b>					

WE THE APPLICANTS IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Anthony Emilio Casella</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>December 28, 2007</b>	
11. TITLE OF OFFICIAL <b>Deputy Clerk</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Susan Buena</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Deborah Marie Fitch</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME (DATE) <b>December 28, 2007</b>	
15. TITLE OF OFFICIAL <b>Deputy Clerk</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Susan Buena</i>	

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>HERNANDO</b>		18. DATE LICENSE ISSUED <b>December 28, 2007</b>		18a. DATE LICENSE EFFECTIVE <b>December 31, 2007</b>		19. EXPIRATION DATE <b>February 28, 2008</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE <b>KAREN NICOLAI, CLERK</b>				20b. TITLE <b>CLERK OF CIRCUIT COURT</b>		20c. BY D.C. <b>SB</b>	

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>January Thirtieth, 2008</b>		22. CITY, TOWN OR LOCATION OF MARRIAGE <b>COCA BEACH</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Debbie D. Kinder</i>		23c. ADDRESS (Of person performing ceremony) <b>3106 Squire Court Hudson, FL 34107</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Notary Public State of Florida Debbie D Kinder My Commission DD740480 Expires 12/09/2011</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Barbara A. Symott</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Anthony Casella</i>	

INFORMATION DELIVERED FOR VITAL STATISTICS ONLY - NOT TO BE RECORDED

SEAL

STATE OF FLORIDA  
COUNTY OF HERNANDO

This is to certify that the foregoing is a true and correct copy of the original on file in my office.

Witness my hand and official

seal this

Karen Nicolai, Clerk Circuit Ct.

By:

Deputy Clerk