

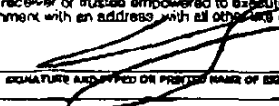
2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/27/2006-90175-009-\$150.00-\$150.00

FILED

06 MAY 26 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000126979			
1. Entity Name AFFORDABLE VINYL, INC			
Principal Place of Business P.O. BOX 7025 PENSACOLA, FL 32534		Mailing Address P.O. BOX 7025 PENSACOLA, FL 32534	
2. Principal Place of Business 82 E. NINE MILE RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State	
Zip 32534		Country ESCAMBIA	
4. FEI Number 20-3491588		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKEY, RAYMOND G 913 GULF BREEZE PARKWAY SUITE 6 GULF BREEZE, FL FL		7. Name and Address of New Registered Agent Name NOEL, RAYMOND A. PRES Street Address (P.O. Box Number is Not Acceptable) 1512 TEMPLEMORE DR City CANTONMENT FL 32833	
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 RAYMOND A. NOEL		DATE 4/19/06	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NOEL, RAYMOND P.O. BOX 7025 PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HOLTRY, JERRY W P.O. BOX 7025 PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARZA, HECTOR P.O. BOX 7025 PENSACOLA, FL 32534 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 persons empowered.			
SIGNATURE: 		4/19/06 (850) 477-2132	

5/26/06