

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000094586

1. Entity Name
AFFORDABLE HOME RESTORATION, INC.



Principal Place of Business
**1141 ALETHA AVE.
PORT CHARLOTTE, FL 33948 US**

Mailing Address
**1141 ALETHA AVE.
PORT CHARLOTTE, FL 33948 US**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8490123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIEGLER, THEODORE J
1141 ALETHA AVE.
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

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, 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 **P**
NAME **ZIEGLER, THEODORE J**
STREET ADDRESS **1141 ALETHA AVE.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **SEC**
NAME **ZIEGLER, SUZANNE M**
STREET ADDRESS **1141 ALETHA AVE.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **TREA**
NAME **ZIEGLER, SUZANNE M**
STREET ADDRESS **1141 ALETHA AVE.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE
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CITY-ST-ZIP

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U00000803350
02/05/08-80023-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Suzanne M. Ziegler, Sec/Treas. 01-23-2008 941.623.0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Suzanne M. Ziegler