

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 036 ***150.00

DOCUMENT # P06000134863					
1. Entity Name AFFORDABLE HOMES AND REMODELING, INC.					
Principal Place of Business 1914 QUINCE AVE. NICEVILLE, FL 32578 US			Mailing Address PO BOX 5361 DESTIN, FL 32540 US		
2. Principal Place of Business - No P.O. Box # 725 HARBOR BOULEVARD		3. Mailing Address Suite, Apt. #, etc. SUITE D			
City & State DESTIN, FLORIDA		City & State DESTIN, FLORIDA		4. FEI Number 20-5767476	
Zip 32541		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, ADAM J 1914 QUINCE AVENUE NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name ADAM J. ROBINSON Street Address (P.O. Box Number is Not Acceptable) 788 SPRINGLAKE DRIVE City DESTIN FL Zip Code 32541		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$180.00 After May 1, 2008 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST ROBINSON, ADAM PO BOX 5361 DESTIN, FL 32540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			ADAM J. ROBINSON		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-18-2008		850-685-1676
<small>Date</small>			<small>Daytime Phone #</small>		