2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086696

City-St-Zip:

SARASOTA, FL 34233

FILED Jul 13, 2008 Secretary of State

Entity Nam	ne: AFFORD	ABLE PALM SERVICE, INC.			
Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
3936 BERL SARASOTA	IN DRIVE A, FL 34233		3993 BERLIN DRIVE SARASOTA, FL 34233		
Current Ma	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
3936 BERL SARASOTA	IN DRIVE A, FL 34233		3993 BERLIN DRIVE SARASOTA, FL 34233		
FEI Number:	26-0623241	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
GARRIS, M 3936 BERL SARASOTA		US	WING, BARBARA L 3993 BERLIN DRIVE SARASOTA, FL 34233	US	
The above in the State		submits this statement for the p	urpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: BARBARA WING				07/13/2008	
	Electror	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (WING, BARBAI 3993 BERLIN I SARASOTA, FL	DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X GARRIS, SHEL 3936 BERLIN I SARASOTA, FL	DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	ST (X GARRIS, MICH		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BARBARA WING MRS. 07/13/2008