## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000113442

Entity Name: AFC SOLUTIONS, INC

FILED Apr 26, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14620 ESCALANTE WAY 26455 OLD 41 RD BONITA SPRINGS, FL 34135

**UNIT #14** 

BONITA SPRINGS, FL 34135

**Current Mailing Address: New Mailing Address:** 

26455 OLD 41 RD 14620 ESCALANTE WAY

BONITA SPRINGS, FL 34135 **UNIT #14** 

BONITA SPRINGS, FL 34135

FEI Number: 26-1242179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCE, LUIS A ARCE, LUIS A 26455 OLD 41 RD 14620 ESCALANTE WAY

BONITA SPRINGS, FL 34135 US UNIT 14

BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: LUIS A ARCE 04/26/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: (X) Change ( ) Addition

Name: ARCE, LUIS A Name: ARCE, LUIS A

14620 ESCALANTE WAY 26455 OLD 41 RD UNIT 14 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT Title: (X) Change ( ) Addition () Delete

Name: ARCE, HEATHER J Name: ARCE, HEATHER J 14620 ESCALANTE WAY 26455 OLD 41 RD UNIT 14 Address: Address: BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 City-St-Zip: City-St-Zip:

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.

SIGNATURE: LUIS A. ARCE **DPS** 04/26/2008