

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000011354

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: AFFORDABLE/CITRUS GLEN, INC.

## Current Principal Place of Business:

1637 E VINE ST  
SUITE E  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

## Current Mailing Address:

1637 E VINE ST  
SUITE E  
KISSIMMEE, FL 34744 US

## New Mailing Address:

FEI Number: 59-3203041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIXON, KENNETH  
1637 E VINE STREET  
SUITE E  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DIXON, KENNETH G  
Address: 1637 EAST VINE STREET SUITE E  
City-St-Zip: KISSIMMEE, FL

Title: ST ( ) Delete  
Name: SAKOL, EMILY  
Address: 1637 EAST VINE STREET SUITE E  
City-St-Zip: KISSIMMEE, FL

Title: VST ( ) Delete  
Name: DIXON, KENNETH G  
Address: 1637 E VINE ST STE E  
City-St-Zip: KISSIMMEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST (X) Change ( ) Addition  
Name: DIXON, KENNETH G  
Address: 1637 E VINE ST STE E  
City-St-Zip: KISSIMMEE, FL

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: KENNETH G DIXON

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03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date