


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000028479</b>	
1. Entity Name AFP ENTERPRISES, INC.	

Principal Place of Business 162 ANCHOR DRIVE VERO BEACH, FL 32963	Mailing Address 162 ANCHOR DRIVE VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3307480	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963
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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)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD CALDARONE, ANTHONY J 162 ANCHOR DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVPD CALDARONE, JOYCE P 162 ANCHOR DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CALDARONE, CHRISTOPHER 162 ANCHOR DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CALDARONE, MARIA 7654 SOUTH VILLAGE SQ VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CALDARONE, MARK 6020 45TH PLACE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS MAGEE, MARY H 43 WEST FRONT ST., STE 15 RED BANK, NJ 07701

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U000000680003  
04/03/07-80060-021 158.75

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.

<b>SIGNATURE:</b> <u>Mary H. Magee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Mary H. Magee Asst. Secretary	3/21/07	732)212-1280
		<small>Date</small>	<small>Daytime Phone #</small>