2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P95000028479

Entity Name: AFP ENTERPRISES, INC.

Current Principal Place of Business:

162 ANCHOR DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

162 ANCHOR DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-3307480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: PTD ( ) Delete
Name: CALDARONE, ANTHONY J
Address: 162 ANCHOR DRIVE
City-St-Zip: VERO BEACH, FL

Title: VS ( ) Delete
Name: CALDARONE, JOYCE P
Address: 162 ANCHOR DRIVE
City-St-Zip: VERO BEACH, FL

Title: V ( ) Delete
Name: CALDARONE, CHRISTOPHER
Address: 162 ANCHOR DRIVE
City-St-Zip: VERO BEACH, FL

Title: V ( ) Delete
Name: CALDARONE, MARIA
Address: 7654 SOUTH VILLAGE SQ
City-St-Zip: VERO BEACH, FL 32966

Title: V ( ) Delete
Name: CALDARONE, MARK
Address: 6020 45TH PLACE
City-St-Zip: VERO BEACH, FL 32967

Title: AS ( ) Delete
Name: MAGEE, MARY H
Address: 43 WEST FRONT ST., STE 15
City-St-Zip: RED BANK, NJ 07701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARY H. MAGEE AS 03/18/2009

Electronic Signature of Signing Officer or Director Date