

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90022 019 \*\*\*150.00

DOCUMENT # P95000095491

1. Entity Name

FLORIDA AFFORDABLE LIVE-INS, INC.



Principal Place of Business

555 W GRANADA BLVD  
SUITE D-5  
ORMOND BEACH FL 32174  
US

Mailing Address

P.O. BOX 1777  
ORMOND BEACH FL 32175  
US



2. Principal Place of Business - No P.O. Box #

555 W. GRANADA Blvd.

Suite, Apt. #, etc.

Suite A-1

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ormond Beach FL

City & State

Zip

32174

Country

Volusia

Country

4. FEI Number

59-3347587

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSLER, VINCENT  
16 JOLYNN DR  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PF  
KINSLER, VINCENT  
16 JOLYNN DR  
ORMOND BEACH FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY ST ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Vincent Kinsler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 386-676-6375

Date

Telephone #