

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015232

FILED
Jan 06, 2004
Secretary of State

Entity Name: AFFORDABLE QUALITY CARE, INC.

Current Principal Place of Business:

36342 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

36342 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3357507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES ACCOUNTING & TAX SERVICE, INC.
2942 49TH STREET NORTH
ST. PETERSBURG, FL 33710 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: D () Delete
Name: WALLS, JAMES C JR.
Address: 3489 PINE STREET
City-St-Zip: DUNEDIN, FL 34698

Title: P (X) Delete
Name: TATE, DAVIDA
Address: 3472 PRIMROSE WAY
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TATE, DAVIDA E
Address: 3472 PRIMROSE WAY
City-St-Zip: PALM HARBOR, FL 34683

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVIDA TATE

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date