

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 008 ***158.75

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1. Entity Name

AFFORDABLE QUALITY CARE, INC.



Principal Place of Business

36342 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

36342 US HWY 19 NORTH
PALM HARBOR FL 34684

40011292



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

955 E. MLK Jr. Dr.

Suite, Apt. #, etc.

Suite #D

City & State

Tarpon Springs, Fl.

Zip

34689

Country

Pinellas

3. Mailing Address

955 E. MLK Jr. Dr.

Suite, Apt. #, etc.

Suite #D

City & State

Tarpon Springs, Fl.

Zip

34689

Country

Pinellas

4. FEI Number

59-3357507

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES ACCOUNTING & TAX SERVICE, INC.
2942 49TH STREET NORTH
ST. PETERSBURG FL 33710

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 reinstating)

DATE

1/25/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P ☐ Delete
NAME TATE, DAVIDA E
STREET ADDRESS 3472 PRIMROSE WAY
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME ~~David~~ Tate, Davida
STREET ADDRESS P.O. Box 1088
CITY-ST-ZIP Tarpon Springs, Fl. 34688

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] - President 1/25/05 (727)-943-7004

Date

Daytime Phone #