


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90283 046 ***158.75

DOCUMENT # P97000016036					
1. Entity Name WORTHWHILE AFFORDABLE HOUSING DEVELOPMENT, INC.					
Principal Place of Business 2933 WEST STATE ROAD 434 SUITE 101 LONGWOOD, FL 32779			Mailing Address 2933 WEST STATE ROAD 434 SUITE 101 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 1110 DOUGLAS AVE Suite, Apt. #, etc. SUITE 2050		3. Mailing Address 1110 DOUGLAS AVE Suite, Apt. #, etc. SUITE 2050			
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL			
Zip 32714	Country U.S.A.	Zip 32714	Country U.S.A.	4. FEI Number 59-3436155	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent ROYALL, H J J 2933 W. SR 434 SUITE 101 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name H. J. ROYALL, JR. Street Address (P.O. Box Number is Not Acceptable) 1110 DOUGLAS AVE SUITE 2050 City ALTAMONTE SPRINGS FL Zip Code 32714		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME ROYALL, H. J. JR		TITLE PRESIDENT	NAME H. J. ROYALL, JR.	
STREET ADDRESS 2933 W SR 434, STE 101	CITY-ST-ZIP LONGWOOD, FL 327792397		STREET ADDRESS 1110 DOUGLAS AVE SUITE 2050	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE: _____			Date <u>4/18/07</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					