



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000066143</b> 1. Entity Name <b>AFFORDABLE PROPERTIES OF TAMPA BAY, INC.</b>	
---	---

Principal Place of Business <b>405 PARK MANOR DRIVE BRANDON, FL 33511</b>	Mailing Address <b>405 PARK MANOR DRIVE BRANDON, FL 33511</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
03032005	No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3459168</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MASON, ANDREW 106 W WIND HORSE RD STE 101 BRANDON, FL 33510</b>
---

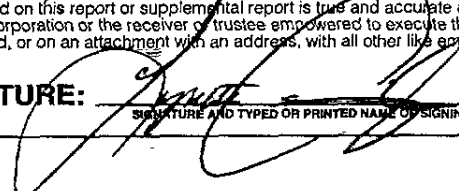
<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CUNNINGHAM, BRANDON 405 PARK MANOR DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CUNNINGHAM, LYNETTE 405 PARK MANOR DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>1100000254023 03/07/05-80058-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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: 	<b>Lynette Cunningham</b>	3-3-05 813-443-2968
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>