

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000070964

1. Entity Name

FLORIDA AFFORDABLE HOMES, INC.



FILED

04 SEP 15 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04071640

Principal Place of Business

% 2334 NE HWY 17
ARCADIA FL 34266

Mailing Address

% 2334 NE HWY 17
ARCADIA FL 34266

2. Principal Place of Business

3151 HWY 17 SOUTH

3. Mailing Address

P.O. Box 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZOLFO SPRINGS FL

City & State

MOULTEE FL

Zip

33890

Country

HARDEE

Zip

34268

Country

DESDOTO

9/03/04 90002005 \$150.00

4. FEI Number

65-0857006

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PAUL W. KOLB

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

3151 HWY 17 SOUTH

City

ZOLFO SPRINGS

FL

Zip Code

33890

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KOLB, PAUL
STREET ADDRESS 2334 NE HWY 17
CITY-ST-ZIP ARCADIA FL 34266

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul W. Kolb PAUL W. KOLB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-04 863-244-9335