2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

## Mar 02, 2004 8:00 am Secretary of State DOCUMENT # V05119 1. Entity Name 03-02-2004 90048 012 \*\*\*150.00 AFFORDABLE DISPLAYS, INC. Principal Place of Business Mailing Address 2270 LAGOON DR DUNEDIN FL 34698 US 2270 LAGOON DR **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3100408 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBURTUS, KENNETH. 2270 LAGOON DR. Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition BLANCHETTE, ROBERTA L NAME NAME 2270 LAGOON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN FL CITY-ST-7IP **VPST** ☐ Change TITLE ☐ Detete TITLE ☐ Addition ALBURTUS, KENNETH A NAME NAME STREET ADDRESS 2270 LAGOON DR. STREET ADDRESS DUNEDIN FL CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TELLE Change Addition esesa NAME BLANCHETTE, TERESA NAME STREET ADDRESS STREET ADDRESS 3034 EASTLAND BLVD D-109 CITY-ST-ZIP CLEARWATER FL 34621 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CtTY-ST-7IP 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

FILED