


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90103 039 \*\*\*150.00

<b>DOCUMENT # V22783</b> 1. Entity Name <b>AFFORDABLE LAND SERVICES, INC.</b>	
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Principal Place of Business <b>13155 88TH ST FELLSMERE, FL 32948 US</b>	Mailing Address <b>13155 88TH ST FELLSMERE, FL 32948 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

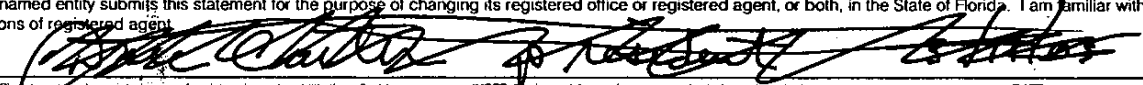
4. FEI Number <b>65-0318178</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CARTER, DALE  
13155 88TH ST  
FELLSMERE, FL 32948**

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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 reappointing) DATE

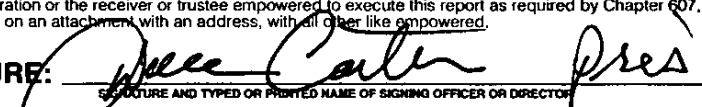
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>president</b>	NAME <b>CARTER, DALE</b>
STREET ADDRESS <b>13155 88TH ST</b>	CITY-ST-ZIP <b>FELLSMERE, FL 32948</b>
TITLE <b>vice president</b>	NAME <b>DIANNE CARTER</b>
STREET ADDRESS <b>13155 88 ST</b>	CITY-ST-ZIP <b>FELLSMERE FL 32948</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **pres** **3/11/05** **772-559-0349**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #