

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2005
Secretary of State**

DOCUMENT# M92792

Entity Name: APPLE REALTY OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

4 OFFICE PARK DR
STE 5
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 350362
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-2903505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHTER, JOHN A.
4 OFFICE PARK DR
STE 5
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WACHTER, JOHN A.
Address: 4 OFFICE PARK DR, #5
City-St-Zip: PALM COAST, FL

Title: DV () Delete
Name: HESLIN, FRANK
Address: 88 WESTBURY LN
City-St-Zip: PALM COAST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: ALLEN, JUDIE M
Address: 66 ETHAN ALLEN DRIVE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDIE M. ALLEN

DV

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date