


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000028888**  
 1. Entity Name  
 AN APPLE A DAY..., INC.



Principal Place of Business      Mailing Address  
 2 EAST INDEPENDENT DR, #121      2 EAST INDEPENDENT DR, #121  
 JACKSONVILLE, FL 32202      JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**



04152004      No Chg-P      CR2E034 (10/03)

4. FEI Number 59-2820169	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  
 PENNINGTON, MARK G ESQUIRE  
 1 INDEPENDENT DRIVE, #1700  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**

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: MARK G. PENNINGTON      DATE: 04/22/04  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SLAVIC, ELMIR 5459 CRUZ ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SLAVIC, JASMIN 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SLAVIC, SENIJA 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLAVIC, NAIL 2 EAST INDEPENDENT DR, #121 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000127111  
 04/23/04-80061-015 150.00

**DO NOT WRITE IN THIS SPACE**

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: Senija Slavic      Slavic      4-20-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #