

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90007 022 \*\*\*150.00



**DOCUMENT # P02000059777**

1. Entity Name  
**APARTMENT SUPPLY CORPORATION**

Principal Place of Business  
**13715 49TH ST. N.  
 B-6  
 CLEARWATER, FL 33762**

Mailing Address  
**13715 49TH ST. N.  
 B-6  
 CLEARWATER, FL 33762**

**54025079**



03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**4611 107th Circle N.**

3. Mailing Address  
**4611 107th Circle N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number  
**38-36518#7**

Applied For  
 Not Applied

Zip  
**33762**

Country  
**USA**

Zip  
**33762**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALLAHAN, JACK M  
 451 CENTRAL PARK DR  
 LARGO, FL 33771**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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

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	<input type="checkbox"/> Delete
D	MILLER, CHARLES	13715 49TH ST N #B-6	CLEARWATER, FL 33762	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
		4611 107th Cir. N.	Clearwater, FL 33762	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: *Charles Miller*