

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 197147

FILED
Apr 18, 2009
Secretary of State

Entity Name: EVER APRIL APARTMENTS, INC.

Current Principal Place of Business:

8 BRINY AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

8 BRINY AVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-0806577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKAB, GLORIA
EVER APRIL APTS. #504
8 BRINY AVENUE
POMPANO BEACH, FL 33062 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: SEC () Delete
Name: ROSS, HELEN
Address: 8 BRINY AVE #306
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: NITSCHKE, GENE
Address: 8 BRINY AVE #104
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: KRANZ, ROBERT
Address: 8 BRINY AVE 402
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: FLEMING, GLORIA
Address: 8 BRINY AVENUE #504
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT J. KRANZ

TREA

04/18/2009

Electronic Signature of Signing Officer or Director

Date