

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90036 013 ***150.00

DOCUMENT # 292998

1. Entity Name
B. RUSH APPLE COMPANY



Principal Place of Business
**3855 W. KENNEDY BLVD.
TAMPA, FL 33609**

Mailing Address
**3855 W. KENNEDY BLVD.
TAMPA, FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1105626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~APPLE B RUSH~~
~~3851 W. KENNEDY BLVD.~~
~~TAMPA, FL 33609~~

Delete

Name **ERWIN S. Apple**
Street Address (P.O. Box Number is Not Acceptable)
3855 W. KENNEDY BLVD
City **TAMPA** FL Zip Code **33609**

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

Erwin S. Apple

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	APPLE, B RUSH	
STREET ADDRESS	4201 FAIR OAKS AVENUE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	APPLE, ERWIN S	
STREET ADDRESS	13925 L. MAGDALENE BLVD.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APPLE, ERWIN S.	
STREET ADDRESS	13925 L. MAGDALENE BLVD	
CITY-ST-ZIP	TAMPA, FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN S. Apple	
STREET ADDRESS	13925 Lake Magdalene Blvd.	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY Apple	
STREET ADDRESS	32408 SPRING CORRAL CT	
CITY-ST-ZIP	Wesley Chapel, FLA 33544	
TITLE	T/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Apple	
STREET ADDRESS	13925 Lake Magdalene Blvd	
CITY-ST-ZIP	Tampa, FLA 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Erwin S. Apple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04
Date

813/870-3180
Daytime Phone #