

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90319 023 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 501280

1. Entity Name
APPLIED SOFTWARE, INC.



Principal Place of Business
**6720 PAXSON RD
SUITE 115
NEW HOPE, PA 18938 US**

Mailing Address
**6720 PAXSON ROAD
NEW HOPE, PA 18938 US**



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1668686

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOSEPHSON, JANIS
737 SANDY POINT LN
PALM BEACH GARDENS, FL 33410**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	JOSEPHSON, JANIS
STREET ADDRESS	6720 PAXSON ROAD
CITY - ST - ZIP	NEW HOPE, PA
TITLE	VS D
NAME	DAILEY, GEORGE
STREET ADDRESS	6720 PAXSON ROAD
CITY - ST - ZIP	NEW HOPE, PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janis Josephson, President 4/27/05 215-2979441