2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # 512034** 1. Entity Name APPLE DESIGNER HOMES, INC. Principal Place of Business Mailing Address 1251 ROYAL OAK DRIVE DUNEDIN FL 34698 1251 ROYAL OAK DRIVE DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1699382 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APPLE, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 1251 ROYAL OAK DRIVE **DUNEDIN FL 34698** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DITLE ☐ Delete THILE Change ☐ Addition NAME APPLE, DOUGLAS C NAME 1251 ROYAL OAK DRIVE STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CiTY ST-7iP CITY-ST-ZIP ☐ Change HILE ☐ Delete HIF ☐ Addition U00000306063 NAME NAME STREET ADDRESS STREET ADDRESS 04/14/05-80111-010 158.75 CITY-ST-ZIP CITY-ST-ZIP TITLE TOTALE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUTLE Detete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-DP CITY - ST - 7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CriY-ST-ZP 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.

DEVOLAS C. Apple

SIGNATURE:

FILED

Daytime Phone #