## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90095 044 \*\*\*150.00

4/28/07

1. Entity Nam	MENT #547550  APPLE OF SARASOTA SQU			-02-2007 90093	J44 ***13	0.00	
Principal Plac 8201 S TAMI SARASOTA, F	IAMI TRL El 34238	Mailing Address 8201 S TAMIAMI TRL P O BOX-15245 SARASOTA, FL 34238	US				
2. Principal P 33 83 Suite, Apt.	lace of Business - No P.O. Box # CRYSTAL CAKES CT #, etc.	3. Mailing Address 3383 CRYS Suite, Apt. #, etc.	TAL LAKES		ng-P CR2E0	034 (12/06)	
SARA	SOTA, FL	City & State SARASOTA	FL	4. FEI Number 59-1300924		- 1 ·	plied For t Applicable
<sup>Zip</sup> З42	235 Country USA	34235	Country U.S.A	5. Certificate of Statu		\$8.75 Addi	
	6. Name and Address of Current R	tegistered Agent	Name	7. Name and Addres	ss of New Registered	Agent	
8201 S. TA	HAY, WILLIAM AMIAMI TRAIL A, FL 34238	Street Address	S (P.O. Box Number is No CRYSTAL (	Acceptable)	<u> </u>	· ·	
			CitySARA	SOTA	FL	Zip Code	235
	named entity submits this statement for ions of registered agent.  Passana M Ca Signature, typed or printed name of registered agent ar	nahay	gistered office or regist	ered agent, or both, in the	e State of Florida. I am	familiar with, a	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign     Trust Fund Contrib		5.00 May Be dided to Fees			
10.	OFFICERS AND E	DIRECTORS Delete	11. TITLE	ADDITIONS/CHANG	SES TO OFFICERS AN	D DIRECTORS  Change	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MCCONAHAY, WILLIAM 3383 CRYSTAL LAKES CT. SARASOTA, FL 34235	L.J Delete	NAME STREET ADDRESS CITY-ST-ZIP			C Oranigo	L Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCCONAHAY, ROSSANA 3383 CRYSTAL LAKES CT. SARASOTA, FL 34235	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SINFET ADDRESS CITY-ST-ZIP	·		☐ Change	■ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dèlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with f on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall have th	e same legal effect as if r	nade under oath; that I	am an officer	or director