

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90021 006 ***150.00

DOCUMENT # 605961

1. Entity Name

THE APPLE GREEN, INC.



Principal Place of Business

2911 E MAIN ST
P O BOX 617
PAHOKEE FL 33476

Mailing Address

2911 E MAIN ST
P O BOX 617
PAHOKEE FL 33476

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1870931

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

HEFFERNAN, RICHARD L.

~~2891 BACOM POINT ROAD~~
~~PAHOKEE FL~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3 Greenway Village N # 205

City

Royal Palm Beach

FL

Zip Code

33411

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

Richard L. Heffernan

Richard L. Heffernan

3/5/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	HEFFERNAN, RICHARD L.	
STREET ADDRESS	PO BOX 366	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEFFERNAN, BEVERLY	
STREET ADDRESS	3 GREENWAY VILLAGE N #205	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEFFERNAN, BARBARA A	
STREET ADDRESS	2911 E MAIN STREET	
CITY-ST-ZIP	PAHOKEE FL 33476	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Canal Point, Fl.	
CITY-ST-ZIP	33438	
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		
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:

Richard L. Heffernan

Richard L. Heffernan Pres.

3/5/04

561 924-7989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #