

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90007 032 ***150.00

DOCUMENT # 605961

1. Entity Name
THE APPLE GREEN, INC.



Principal Place of Business

~~2011 E MAIN ST~~
~~P.O. BOX 617~~
~~PAHOKEE, FL 33476~~

Mailing Address

~~2011 E MAIN ST~~
~~P.O. BOX 617~~
~~PAHOKEE, FL 33476~~

2. Principal Place of Business

3 Greenway Village N
Suite, Apt. #, etc.
205

3. Mailing Address

3 Greenway Village N
Suite, Apt. #, etc.
205

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

6. Name and Address of Current Registered Agent

HEFFERNAN, RICHARD L.
3 GREENWAY VILLAGE N
#205
WEST PALM BEACH, FL 33411
Royal

Name

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

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

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HEFFERNAN, BEVERLY
3 GREENWAY VILLAGE N #205
ROYAL PALM BEACH, FL 33411

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
HEFFERNAN, BARBARA A
~~**2011 E MAIN STREET**~~
PAHOKEE, FL 33476

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.O. Box 71
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Beverly Heffernan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Heffernan, Pres

7/7/06

561 449-9635

Daytime Phone #