

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90018 018 ***150.00



DOCUMENT # 605961
 1. Entity Name
THE APPLE GREEN, INC.

Principal Place of Business Mailing Address
~~9 GREENWAY VILLAGE N~~ ~~9 GREENWAY VILLAGE N~~
~~#205~~ ~~#205~~
 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
151 Meander Circle **151 Meander Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Village Walk **Village Walk**
 City & State City & State
Royal Palm Beach, FL **Royal Palm Beach, FL**
 Zip Country Zip Country
33411 **Palm Beach** **33411** **Palm Beach**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent
HEFFERNAN, RICHARD L.
~~9 GREENWAY VILLAGE N~~
~~#205~~
 ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
151 Meander Circle
Village Walk
 City State Zip Code
Royal Palm Beach **FL** **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* DATE **4/28/07**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEFFERNAN, BEVERLY 9 GREENWAY VILLAGE N #205 ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEFFERNAN, BARBARA A P O BOX 71 PAHOKEE FL 33476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 151 Meander Circle Village Walk
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 R Heffernan* **Beverly Heffernan Pres**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
3-30-07 **561 449-9635**