


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90004 048 \*\*\*\*61.25

<b>DOCUMENT # 731413</b>					
1. Entity Name APPLE CREEK UNIT FOUR, INC.					
Principal Place of Business 7301 W SUNRISE BLVD PLANTATION, FL 33313 US			Mailing Address 7301 W SUNRISE BLVD PLANTATION, FL 33313 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1698254			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LONDON, GARY L 7361 B-2 W SUNRISE BLVD PLANTATION, FL 33313			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			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 _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. DELETIONS OF OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARS, JOHN		NAME	CLEARY, ADELE	
STREET ADDRESS	7361 B-2 W SUNRISE BLVD		STREET ADDRESS	7343 W. SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESOTELL, DEBORAH		NAME	FREAD, JOSEPH	
STREET ADDRESS	7361-B1 W SUNRISE BLVD		STREET ADDRESS	7331 W. SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, JOSHUA		NAME		
STREET ADDRESS	7927 W SUNRISE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, HAROLD		NAME		
STREET ADDRESS	7329 W SUNSHINE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: <i>John S. Sears</i>			JOHN S. SEARS, PRES		7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 954-584-0969

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