

FILED
Apr 13, 2006 8:00 am
Secretary of State

UUU 4.1.10

DOCUMENT # F01000003516		State of Florida 04-13-2006 90270 032 ***150.00	
1. Entity Name APPLE DESIGNS, INC.			
Principal Place of Business 606 FRONT STREET CELEBRATION, FL 34747		Mailing Address 606 FRONT STREET CELEBRATION, FL 34747	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. CELEBRATION City & State CELEBRATION FL Zip 34747 Country US		Suite, Apt. #, etc. 1146 CELEBRATION BLVD City & State CELEBRATION FL Zip 34747 Country US	
4. FEI Number 52-1410818		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERHART, JOSEPH 606 FRONT STREET CELEBRATION, FL 34747		7. Name and Address of New Registered Agent Name MARTINE COLOMBEY Street Address (P.O. Box Number is Not Acceptable) 1146 CELEBRATION BLVD City CELEBRATION FL Zip Code 34747	
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 <u><i>Martine Colomby</i></u> 4/7/06 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PCT ERHART, SUSAN 420 ARBOR CIRCLE CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VSVC ERHART, JOSEPH 420 ARBOR CIRCLE CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY - ST - ZIP VICE PRESIDENT WM JOSEPH ERHART	
TITLE NAME STREET ADDRESS CITY - ST - ZIP SECRETARY JOHN ERHART 518 CLEVELAND ST. RALEIGH, NC 27605		TITLE NAME STREET ADDRESS CITY - ST - ZIP TREASURER TOM LONG 325 GORMAN AVE LAUREL, MD 20707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 duly addressed, with all other like empowered.			
SIGNATURE: <u><i>John Erhart</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VICE PRESIDENT 4/7/06 Date Daytime Phone #	