

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003458
 1. Entity Name
 THE APPLETON GROUP, INC.



Principal Place of Business: SOUTH TRUST BANK BUILDING, 150 SECOND AVE., NORTH, STE. 770, ST. PETERSBURG, FL
 Mailing Address: SOUTH TRUST BANK BUILDING, 150 SECOND AVE., NORTH, STE. 770, ST. PETERSBURG, FL



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3267461 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JONES, PETER APPLETON
 SOUTH TRUST BANK BUILDING
 150 SECOND AVE., NORTH, STE. 770
 ST. PETERSBURG, FL

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 1100000125844
 04/23/04-80010-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, PETER APPLETON 116 BAY POINT DR. NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST JONES, ANNE APPLETON 116 BAY POINT DR. NE ST. PETERSBURG, FL 33704
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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 lists empowered.

SIGNATURE: [Signature] 4.7.04 727-895-3720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #