

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003458

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** THE APPLETON GROUP, INC.

**Current Principal Place of Business:**

SOUTH TRUST BANK BUILDING  
150 SECOND AVE., NORTH, STE. 710  
ST. PETERSBURG, FL

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTH TRUST BANK BUILDING  
150 SECOND AVE., NORTH, STE. 710  
ST. PETERSBURG, FL

**New Mailing Address:**

150 SECOND AVE. NORTH  
150 SECOND AVE., NORTH, STE. 710  
ST. PETERSBURG, FL

**FEI Number:** 04-3267461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, PETER APPLETON  
SOUTH TRUST BANK BUILDING  
150 SECOND AVE., NORTH, STE. 710  
ST. PETERSBURG, FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, PETER APPLETON  
Address: 116 BAY POINT DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DVST ( ) Delete  
Name: JONES, ANNE APPLETON  
Address: 116 BAY POINT DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKY BREEDEN

MGR

01/10/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date