

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90217 036 \*\*\*150.00

**DOCUMENT # F03000001156**

1. Entity Name  
**BIG APPLE CONSULTING USA, INC.**



Principal Place of Business  
**280 WEKIVA SPRINGS RD  
STE. 201  
LONGWOOD, FL 32779 US**

Mailing Address  
**2232 E SEMORAN BLVD.  
APOPKA, FL 32703**

*Same*

**40042965**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3585194**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NEFF, JOHN  
175 CROWN POINT CIR.  
LONGWOOD, FL 32779**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P & D  
JABLON, MARC  
280 WEKIVA SPRINGS RD. STE. 201  
LONGWOOD, FL 32779**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP & D  
MAGUIRE, MATTHEW  
534 ALOKEE CT.  
LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KIMBALL, PEGGY  
2853 CHARMONT DR  
APOPKA, FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
William Peterseim  
4411 Sir Robert Ave  
North Royalton, OH 44133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marc Jablon**

Date

Daytime Phone #

**3/28/05**