


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005845 1. Entity Name APPLE SOLUTIONS, INC.	
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Principal Place of Business 1738 ELTON ROAD, SUITE 115 SILVER SPRING, MD 20903	Mailing Address 1738 ELTON ROAD, SUITE 115 SILVER SPRING, MD 20903
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-F CH2E034 (10/03)

4. FEI Number 13-4263999	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 COLOMBEY, MARTINE 608 FRONT STREET CELEBRATION, FL 34747	DO NOT WRITE IN THIS SPACE
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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 Martine Colomby DATE 4/20/05
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ERHART, JOHN D 518 CLEVELAND ST. RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ERHART, MICHAEL J 7701 WOODMONT AVENUE, APT. 1106 BETHESDA, MD 20814
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	

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04/23/05-80013-003 150.00

**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(9)(f), 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: John D Erhart JOHN D ERHART 4/20/05 (407) 566-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #