

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90350 016 \*\*\*150.00

**DOCUMENT # F03000005845**

1. Entity Name  
**APPLE SOLUTIONS, INC.**



Principal Place of Business  
**1738 ELTON ROAD, SUITE 115  
SILVER SPRING, MD 20903**

Mailing Address  
**1738 ELTON ROAD, SUITE 115  
SILVER SPRING, MD 20903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**13-4263999**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLOMBEY, MARTINE  
606 FRONT STREET  
CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent

Name

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

*Martine Colomby*

(NOTE: Registered Agent signature required when reinstating)

**4/10/06**

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

TITLE **P** ☐ Delete  
NAME **ERHART, JOHN D**  
STREET ADDRESS **518 CLEVELAND ST.**  
CITY - ST - ZIP **RALEIGH, NC 27605**

TITLE **VS** ☐ Delete  
NAME **ERHART, MICHAEL J**  
STREET ADDRESS **7701 WOODMONT AVENUE, APT. 1106**  
CITY - ST - ZIP **BETHESDA, MD 20814**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **SUSAN M ERHART**  
STREET ADDRESS **420 ARBOR CR**  
CITY - ST - ZIP **CELEBRATION, FL 34747**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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 with an address, with all other like empowered.

SIGNATURE:

*Susan M Erhart*

**4/10/06**

**(407) 566-1416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #