

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 015 ***163.75

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1. Entity Name
APOLLO ENERGY SYSTEMS, INCORPORATED



Principal Place of Business
**4100 N. POWERLINE ROAD
SUITE D-3
POMPANO BEACH, FL 33073**

Mailing Address
**4100 N. POWERLINE ROAD
SUITE D-3
POMPANO BEACH, FL 33073**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0501564

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**CT
ARONSSON, ROBERT R
4100 N. POWERLINE ROAD, STE. D-3
POMPANO BEACH, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCPS
DOUGLAS, RAYMOND
4100 N. POWERLINE ROAD, SUITE D-3
POMPANO BEACH, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KORDESCH, DR. KARL
4100 N. POWERLINE ROAD, SUITE D-3
POMPANO BEACH, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPODEN, SONNY
4100 N. POWERLINE ROAD, SUITE D-3
POMPANO BEACH, FL 33073**

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 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: *Robert R. Aronsson* ROBERT R. ARONSSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2008

954 969 7755

Daytime Phone #