

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90025 045 ***150.00

DOCUMENT # F07000004998			
1. Entity Name APPLECARE SERVICE COMPANY, INC.			
Principal Place of Business 1 INFINITE LOOP CUPERTINO, CA		Mailing Address ATTN: ANA HERNANDEZ 1 INFINITE LOOP, MS 38-3TX CUPERTINO, CA 95014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242008 Chg-P CR2E034 (12/06)

4. FEI Number **26-1200117** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OPPENHEIMER, PETER 1 INFINITE LOOP, MS 3-CL CUPERTINO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MS 38-3TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANTOVANI, EIMORA S 1 INFINITE LOOP, MS 3-CL CUPERTINO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANTOVANI, ELINORA MS 38-3TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIPFLER, GARY 1 INFINITE LOOP, MS 3-CL CUPERTINO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MS 38-3TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DION, DAN 1 INFINITE LOOP, MS 3-CL CUPERTINO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MS 38-3TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, TERRY 1 INFINITE LOOP, MS 3-CL CUPERTINO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MS 38-3TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, TERRY 1 INFINITE LOOP, MS 3-CL CUPERTINO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MS 38-3TX

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: *Derry R*

OR DIRECTOR

Date

Daytime Phone #

5/2/08