

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90043 050 ***158.75

DOCUMENT # F51452

1. Entity Name

APOLLO BEACH SHOPPING CENTER, INC.



Principal Place of Business

6022 US HWY 41 N
BOX 164
APOLLO BEACH FL 33572

Mailing Address

6022 US HWY 41 N
BOX 164
APOLLO BEACH FL 33572
US

2. Principal Place of Business

3. Mailing Address

238 Lakeview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Morgantown WV 26508

Zip

Country

Zip

Country

26508

U.S.A.

4. FEI Number

16-9263841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARNES, ALBERT R SR.
6418 US 41 N
STE-264
APOLLO BEACH FL 33572~~

Name

BARNES, ALBERT R SR.

Street Address (P.O. Box Number is Not Acceptable)

6022 US 41 N.

City

Apollo Beach

FL

Zip Code

33572

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, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BARNES, MARY K
6022 US HWY 41 N
APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARNES, ALBERT R
6022 US HWY 41 N
APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARNES, ALBERT R SR
235 LAKEVIEW DR
MORGANTOWN WV 26508

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNES, MARY K
235 LAKEVIEW DR
MORGANTOWN WV 26508

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 ☐ 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

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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 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

Date

Daytime Phone #

Albert R Barnes

3/26/04 1-324-290 0867