

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90085 044 ***150.00

DOCUMENT # F66030 1. Entity Name APOGEE ASSOCIATES, INC.			
Principal Place of Business 4820 HIGEL AVENUE SARASOTA, FL 34242 US		Mailing Address 4820 HIGEL AVENUE SARASOTA, FL 34242 US	
2. Principal Place of Business 7333 Fox Trotting Rd Suite, Apt. #, etc.		3. Mailing Address 7333 FOX Trotting Rd Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34241		City & State Sarasota, FL Zip 34241	
Country USA		Country USA	
4. FEI Number 59-2158823		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWE, WILLARD 4820 HIGEL AVENUE SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HOWE, WILLARD 4820 HIGEL AVENUE SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Howe, Willard 7333 Fox Trotting Rd Sarasota, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 (on an attachment) without address, with all other like empowered.			
SIGNATURE: <i>Willard Howe</i>		4/12/05 (941) 921-6464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	