


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005641 1. Entity Name APPLE ENTERPRISES, INC.	
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Principal Place of Business 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303	Mailing Address 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303
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03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1040648	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent APPLEFIELD, BRYAN M 8701 N. LAGOON DRIVE PANAMA CITY BEACH, FL 32407

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5. 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC APPLEFIELD, BRYAN M 8701 N. LAGOON DRIVE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VVC APPLEFIELD, B. S 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD APPLEFIELD, HELEN E 8701 N. LAGOON DRIVE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/08/05-80072-007 158.75
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan M Applefield 4-5-05 334-793-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #