

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005641**

1. Entity Name  
**APPLE ENTERPRISES, INC.**



Principal Place of Business  
**2330 MONTGOMERY HIGHWAY  
DOTHAN, AL 36303**

Mailing Address  
**2330 MONTGOMERY HIGHWAY  
DOTHAN, AL 36303**



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-1040648**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	APPLEFIELD, BRYAN M
STREET ADDRESS	8701 N. LAGOON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	VVC
NAME	APPLEFIELD, B. S
STREET ADDRESS	2330 MONTGOMERY HIGHWAY
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	SD
NAME	APPLEFIELD, HELEN E
STREET ADDRESS	8701 N. LAGOON DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000672853  
03/29/07-80005-021 158.75

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-07 334-793-0997**

Date

Daytime Phone #