

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G00341

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** APPLIED CONCEPTS INCORPORATED

**Current Principal Place of Business:**

45 SKYLINE DR  
STE 1001  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

45 SKYLINE DR  
STE 1001  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-2330231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLAS, SANDY  
219 SHADY OAKS CIRCLE  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NICHOLAS, ALEXANDER  
Address: 219 SHADY OAKS CIR.  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: NICHOLAS, SANDY  
Address: 219 SHADY OAKS CIR.  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDY NICHOLAS

VP

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date