

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90144 002 \*\*\*150.00

20057450



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # G05374</b> 1. Entity Name <b>APPLETON SERVICES, INC.</b>			
Principal Place of Business <b>221 HEDGEMERE DR                  DEVON PA 19333                  US</b>		Mailing Address <b>221 HEDGEMERE DR                  DEVON PA 19333                  US</b>	
2. Principal Place of Business <b>9225 McDAVID CT</b>		3. Mailing Address <b>9225 McDAVID CT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WINDERMERE, FL</b>		City & State <b>WINDERMERE, FL</b>	
Zip <b>34786</b>	Country <b>USA</b>	Zip <b>34786</b>	Country <b>USA</b>
4. FEI Number <b>59-2228042</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>APPLETON, HERBERT M.                  9225 MCDAVID CT                  WINDERMERE FL 34786</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD APPLETON, HERBERT M 221 HEDGEMERE DRIVE DEVON, PA 1933	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Herbert M. Appleton</i>		Date: <i>April 25, 2005</i> Daytime Phone #: <i>610 688-5544</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	