
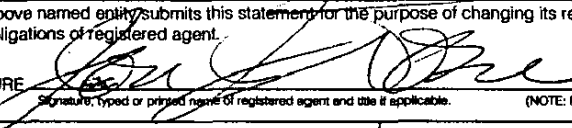


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 003 ***150.00

DOCUMENT # G07617 1. Entity Name APC, INC.			
Principal Place of Business 14900 NW 140TH ST ALACHUA, FL 32615 US		Mailing Address P O BOX 1132 ALACHUA, FL 32616-1132 US	
2. Principal Place of Business - No P.O. Box # 17323 NW CR 239 Suite, Apt. #, etc.		3. Mailing Address 17323 NW CR 239 Suite, Apt. #, etc.	
City & State Alachua, FL		City & State Alachua	
Zip 32615-4513		Country Alachua	
4. FEI Number 59-2437827		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 TOMEU, JOSE J 14900 NW 140 ST ALACHUA, FL 32615	
7. Name and Address of New Registered Agent Name Jose J Tomeu Street Address (P.O. Box Number is Not Acceptable) 17323 NW CR 239 City Alachua FL Zip Code 32615-4513		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 4/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P TOMEU, JOSE J 17323 NW CR 239 ALACHUA, FL 326154315	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TOMEU, FERN E. 17323 NW CR 239 ALACHUA, FL 326154315	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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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: Fern E Tomeu Fern E. Tomeu 4/22/08 386 462-2125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			