

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # H28342

1. Entity Name
APOLLO RENTAL CENTER, INC.



Principal Place of Business

C/O JUDY A. RECIO
5013 HIGHWAY 41 N.
RUSKIN, FL 33572

Mailing Address

C/O JUDY A. RECIO
5013 HIGHWAY 41 N.
RUSKIN, FL 33572

DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2465138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RECIO, JUDY A
219 HIDDEN LAKE DR
BRANDON, FL 33511

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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 NAME STREET ADDRESS CITY-ST-ZIP	DP RECIO, JUDY A. 219 HIDDEN LAKE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RECIO, GEORGE L. 219 HIDDEN LAKE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RECIO, KEVIN L 201 7TH ST SW RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RECIO, GINA M 201 7TH ST SW RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80045-019 150.00

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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:

Gina M Recio / Gina M Recio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07 813-645-4231
Date Daytime Phone #