


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90020 016 \*\*\*158.75

<b>DOCUMENT # H51215</b>	
1. Entity Name APMAT SERVICES, INC.	

Principal Place of Business 1916 E. 136TH AVE. PO BOX 82112 TAMPA, FL 33682	Mailing Address 1916 E. 136TH AVE. PO BOX 82112 TAMPA, FL 33682
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24012033



02092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2513133	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PALMISANO, WILLIAM JR 1916 EAST 136TH AVENUE  TAMPA, FL 33613
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMISANO, WILLIAM P JR 1916 EAST 136TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMISANO, CYNTHIA A 1916 EAST 136TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STD AUCUM, ALBERT J 2130 VANDERVOORT ROAD LUTZ, FL</del> <i>omit</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William P. Palmisano Jr* *2/10/04* *977-6914*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #