2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE:

FILED DOCUMENT # Joi658 Feb 02, 2004 08:00 AM 1. Entity Name **Secretary of State** APPLE TRANSPORTATION, INC. Principal Place of Business Mailing Address **EDWARD DALLAS** 15501-6 MCGREGOR BLVD. 17274 SAN CARLOS BLVD. STE. 202 FT MYERS BEACH FL 33931 FT MYERS FL 33908 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0491697 Not Applicable Ζıp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALLAS, EDWARD Street Address (P.O. Box Number is Not Acceptable) 17274 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931 City 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PST** TITLE ☐ Change Addition ☐ Delete POELKER, JOHN J. JR. NAME NAME 16081-2 AMBERWOOD COURT, UNIT D-2 STREET ADDRESS STREET ADDRESS CITY -ST-ZIP FT MYERS FL 33908 CITY-ST-7IP 100000028227 Change 00 Addition 02/04/04-80018-010 150.00 Addition ☐ Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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