2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 21, 2005 08:00 AM DOCUMENT # J47784 **Secretary of State** 1. Entity Name APOLLO ENVIRONMENTAL, INC. Principal Place of Business Mailing Address POST OFFICE BOX 239 11553 US 41 SOUTH GIBSONTON, FL 33534-0239 GIBSONTON, FL 33534-5223 US 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2755607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMSON, KAY G DO NOT WRITE 2512 RIVER BEND DRIVE RUSKIN, FL 33570 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 little if applicable (NOTE: Registored Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WILLIAMSON, KAY G NAME STREET ADDRESS 2512 RIVER BEND DRIVE 01/24/05-80072-023 158.75 CITY-ST-ZIP **RUSKIN, FL 33570** tm £ WILLIAMSON, MICHAEL L NAME STREET ADDRESS 2512 RIVER BEND DRIVE **RUSKIN, FL 33570** CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

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TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE: MUNICIPAL SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 671-3999

FILED

Date