2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Name	MENT # J52832 • JPPLY, INC.			Jan 27, 2005 08:00 AM Secretary of State					
Principal Place	of Rusiness	Mailing Address							
2040 LEE ST		2040 LEE STRE							
HOLLYWOOD FL 33020 HOLLY			33020	•					
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2. Principal Place of Business		3. Mailing Address							i il (111)
Suite, Apt. #, etc.		Suite, Apt #, etc			15	st MOORE	CR2E034 (10/0		
City & State		City & State			4. FEI Numb	59-2776679		- ! : :	ed F <u>or</u> Ipplicat
Zip	Zip Country		[ip Country		5. Certificate	e of Status Desired		5 Addition	nai
	6. Name and Address of Curren	Registered Agent		Name	7. Name and	d Address of New R	egistered Agent		
Q1 1D	ES, RICHARD HENRY			Name	·				
2040	0 LEE STREET LLYWOOD FL 33020	• = · · · · · · · · · · · · · · · · · ·			s (P.O. Box Numb	per is Not Acceptable	·) 	·-	
.,,52				City			<u>,s \ z</u> i	p Code	
				_				, 	
	named entity submits this statement to ions of registered agent.	or the purpose of chan	ging its register	ed office or regis	itered agent, or bo	oth, in the State of Flo	rida. I am tamilia	r with, an	d acceb
SIGNATURE -	Signature, yourd or printed name of registered ager	t and title if applicable	(NOTE Registere	d Agent signature requ	ared when reinstating)		DATE		—
	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0					9. Election Campa			May P
	may 1, 2005 Fee Will Be \$550.0 Payable to Florida Department					Trust Fund Con	tribution.	Added 1	to Fees
10.	OFFICERS AND	DIRECTORS	11.	- 	ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS II	N 11
TOTLE	D	☐ Dele				110000019	19192 DC	hange (M Acklifik
NAME CLOVET ADDDDDCC	SURES, RICHARD HENRY SS 2040 LEE STREET			IE ET ADDRESS	U00000139192				
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL		L	r-ST-ZIP					
BILE	D	Dele	ete IIIti	f -				hange]	☐ Addiba
NAME	ROSE, JEFFREY HOWARD			IE (
STREET ADDRESS				FET YOURESS					
CITY-ST-ZIP	HOLLYWOOD FL			/-ST-ZIP					
TITLE		☐ Dele		1				hange	M Additic
NAME STREET ADDRESS			NAM SIRE	16 EET ADDRESS					
CITY ST-3P				F-ST-20F					
TITLE	\(\frac{1}{2}\)	☐ Dele	ete IIIL	E				hange	Arlditic
NAME			· NAM						
STREET ADDRESS				EET ADORESS F-ST-ZIP					
CITA: ZI-ZIA	<u> </u>							hange	Arkiii
TITLE NAME		☐ Dela	ete IIII NAN	F			۰ ب	usuge	нини
STREET AODRESS			2	EFT ADDRESS					
CITY-ST-ZIP			City	C-ST (IP				_	
TITLE		☐ Del-	ete III.	t				hange	Addition
NAME			NAM	i					
STREET ADDRESS			1	EET ADDRESS (+ST-ZIP					
City St-ZiP	certify that the information supplied wi	th this filing does not =	12. 7. 12		Section 119.07/2	Will Florida Statutos	I further certify the	at the info	nrmation
iz. Thereby of indicated of the corchanged	certify that the information supplied will I on this report or supplemental report poration or the receiver of trustee em , or on an attachment with an address	us true and accurate as sowered to execute this with all other like emp	nd that my signa is report as requi	ature shall have the ired by Chapter	he same legal effe 607, Florida Statul	ect as if made under others; and that my name	path, that I am an e appears in Bloc	officer or k 10 or B	director lock 11 i

SIGNATURE:

Richard H Sures Richard H Sures 01/25/2005 _

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