

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49185

FILED  
Feb 16, 2007  
Secretary of State

Entity Name: APRILE FARMS, INC.

**Current Principal Place of Business:**

7810 HIDDEN ISLAND LN  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

7810 HIDDEN ISLAND LN  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 59-2925655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

APRILE, DANIEL T.  
7810 HIDDEN ISLAND LN  
TEMPLE TERRACE, FL 33617      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: APRILE, JOSEPH V.,  
Address: 1112 W. RIVER DR.  
City-St-Zip: TEMPLE TERRACE, FL

Title: DV      ( ) Delete  
Name: APRILE, DANIEL T.,  
Address: 7810 HIDDEN ISLAND LN  
City-St-Zip: TEMPLE TERRACE, FL

Title: DTS      ( ) Delete  
Name: APRILE, RONALD D.,  
Address: 9225 KINDSRIDGE DR.  
City-St-Zip: TEMPLE TERRACE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: APRILE, JOSEPH V.,  
Address: 17932 CACHET ISLE  
City-St-Zip: TAMPA, FL 33649

Title: DV      (X) Change ( ) Addition  
Name: APRILE, DANIEL T.,  
Address: 7810 HIDDEN ISLAND LN  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DTS      (X) Change ( ) Addition  
Name: APRILE, RONALD D.,  
Address: 17924 CACHET ISLE DR.  
City-St-Zip: TAMPA, FL 33649

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL T. APRILE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DTS

02/16/2007

\_\_\_\_\_ Date