

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90077 015 ***150.00

DOCUMENT # L00624

1. Entity Name
ADVANCED PERIPHERAL, INC.



Principal Place of Business
**1527 WILLARD RD., N.W.
PALM BAY, FL 32907 US**

Mailing Address
**P. O. BOX 060327
PALM BAY, FL 32906-0327 US**

40062662



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2956357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, RICHARD O.
1250 E. EAU GALIE BLVD.
SUITE J
MELBOURNE, FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RODBY, CATHY A
STREET ADDRESS 1527 WILLARD ROAD NW
CITY-ST-ZIP PALM BAY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST ☐ Delete
NAME RODBY, THOMAS A.
STREET ADDRESS 1527 WILLARD ROAD NW
CITY-ST-ZIP PALM BAY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODBY, THOMAS A.
STREET ADDRESS 1527 WILLARD ROAD NW
CITY-ST-ZIP PALM BAY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Thomas A Reddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Apr 2007

321-722-0834

Date

Daytime Phone #