

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11677

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** APPLGATE INTERIORS, INC.

**Current Principal Place of Business:**

2100 2ND AVE. N. #1  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

2100 2ND AVE. N. #1  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 65-0136709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONOVAN, JAMES J CPA  
3046 S. CONGRESS AVE.  
LAKE WORTH, FL 33461 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** APPLGATE, CAROLE M.  
**Address:** 308 AKRON RD.  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** D  
**Name:** APPLGATE, WILLIAM  
**Address:** 308 AKRON RD.  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** D  
**Name:** APPLGATE, WILLIAM GAINES  
**Address:** 16553 77TH TRAIL N  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

I hereby 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 all other like empowered.

**SIGNATURE:** CAROLE M. APPLGATE

PRES

01/04/2012

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

\_\_\_\_\_  
Date