2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90103 011 ***550.00

DOCUMENT # L57055

1. Entity Name
APOLLO INFORMATION SERVICES, INC.

50057590

Principal Place of Business	Mailing Address
2240 SOUTH AIRPORT RD TRAVERSE CITY, MI 49684	2240 SOUTH AIRPORT RD TRAVERSE CITY, MI 49684

07192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4075 COPPER RIDGE DRIVE	4075 COPPER RIDGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TRAVERSE CITY, MI	City & State: TRAVERSE CITY, MI
Zip: 49684 Country: USA	Zip: 49684 Country: USA

4. FEI Number: 38-2922782 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOHNSON, JAMES M. 2240 S AIRPORT RD W TRAVERSE CITY, MI 49684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOHNSON, JAMES M. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ROBERT M. 2240 S. AIRPORT RD. TRAVERSE CITY, MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ROBERT M. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWELL, RANDY N 2240 S AIRPORT RD W TRAVERSE CITY, MI 49684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWELL, RANDY N. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Randy N. Howell RANDY N. HOWELL JULY 19, 2005 (231)946-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #