

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L57055 1. Entity Name APOLLO INFORMATION SERVICES, INC.	
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Principal Place of Business 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	Mailing Address 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
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05052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2922782	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, JAMES M. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT M. 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, RANDY N 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80067-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stalov (231) 946-8970
Date: _____ Daytime Phone: _____