


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L61740 1. Entity Name APPROPRIATE SOFTWARE, INC.	
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Principal Place of Business
P.O. BOX 030427
FT. LAUDERDALE, FL 33303-0427 US

Mailing Address
P.O. BOX 030427
FT. LAUDERDALE, FL 33303-0427 US



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0184758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOONEY, WILLIAM W.
429 NE 12 AVE
FT. LAUDERDALE, FL 33301

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MOONEY, WILLIAM W. 429 NE 12 AVE FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOONEY, WILLIAM W. 429 NE 12 AVE FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: William W. Mooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-JAN-2006 954-764-3349
Date Daytime Phone #