

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90011 003 \*\*\*150.00

DOCUMENT # M77810

1. Entity Name  
 APOLLO BAY CO., INC.



Principal Place of Business  
 229 ~~EAST~~ COMMERCIAL BOULEVARD  
 LAUDERDALE BY THE SEA FL 33308

Mailing Address  
 229 ~~EAST~~ COMMERCIAL BOULEVARD  
 LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business - No P.O. Box #  
 229 COMMERCIAL BLVD  
 Suite, Apt. #, etc.  
 SUITE A

3. Mailing Address  
 Suite, Apt. #, etc.  
 SAME

1st MOORE CR2E034 (10/06)

City & State  
 Lauderdale by the Sea

City & State

4. FEI Number 65-0043183 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip 33308 Country Zip Country

6. Name and Address of Current Registered Agent  
 LAWLESS, SILVY C  
 2403 BAY DRIVE  
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent  
 Name LAWLESS SILVY C  
 Street Address (P.O. Box Number is Not Acceptable)  
 1835 NORTHEAST 26 AVE  
 City Ft Lauderdale FL Zip Code 33305

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 *Silvy C. Lawless* DATE 3/26/07  
 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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLESS, SILVY C	NAME	
STREET ADDRESS	1835 NORTHEAST 26 AVE	STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE, FL 33305	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Silvy C. Lawless President* DATE 3/26/07 DAYTIME PHONE # 954 776 5031  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR