

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


5/

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90392 009 ****61.25

DOCUMENT # N03000008451

1. Entity Name
APALACHEE TORTOISE, INCORPORATED



Principal Place of Business
**9471 AVENIDA DE LA LUNA
 TALLAHASSEE, FL 32309**

Mailing Address
**9471 AVENIDA DE LA LUNA
 TALLAHASSEE, FL 32309**

66020595



2. Principal Place of Business
1720 SOUTH GADSDON

3. Mailing Address
1720 SOUTH GADSDON

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

05012005 Chg-NP CR2E037 (10/03)

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32301

Country
USA

Zip
32301-5547

Country

4. FEI Number
13-4265120

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DEATON, EDWARD
 9471 AVENIDA DE LA LUNA
 TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

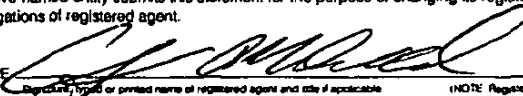
Name
CLAYTON MACDONALD

Street Address (P.O. Box Number is Not Acceptable)
1441 KINGFORD AVE

City
TALLAHASSEE FL

Zip Code
32310 6118

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  **2005 APRIL 30**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is **\$61.25**
 Due by **September 7, 2005**

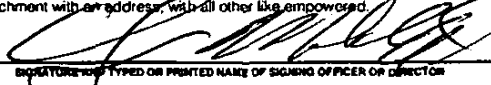
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEATON, EDWARD P O BOX 5932 TALLAHASSEE, FL 32314 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KERNER, KATRIN P O BOX 5932 TALLAHASSEE, FL 32314 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MACDONALD, CLAYTON P O BOX 5932 TALLAHASSEE, FL 32314 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WEDDINGTON, MICHAEL P O BOX 5932 TALLAHASSEE, FL 32314 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | KARLA WOOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 848 E Park Ave TALLAHASSEE FL 32301 D |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | RAVINDER SINGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 848 E PARK AVE TALLAHASSEE FL 32301 D |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | JOHN CLIFFORD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1720 SOUTH GADSDON TALLAHASSEE FL 32301 5547 D |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:  **2005 MAY 30 850 575 5101**

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #