

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010320

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN PARANORMAL PROJECT INC.

**Current Principal Place of Business:**

2939 SE 17TH ST.  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 771205  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 30-0514207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PECK, DEBRA  
201 NW 53RD CT.  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

LANGLEY, JANICE D  
16688 SE 40TH AVE  
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: JANICE D. LANGLEY

04/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: LANGLEY, JANICE D  
Address: 16688 SE 40TH AVE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: HARDMAN, SHAWN D  
Address: 2939 SE 17TH ST.  
City-St-Zip: OCALA, FL 34471

Title: O  
Name: PECK, DEBRA  
Address: 201 NW 53RD CT.  
City-St-Zip: OCALA, FL 34482

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE D. LANGLEY

O

04/14/2010

Electronic Signature of Signing Officer or Director

Date