

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010320

FILED  
Jun 27, 2011  
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:**

19556 SW 36 ST.  
DUNNELLON, FL 34431

**Current Mailing Address:**

P. O. BOX 771205  
OCALA, FL 34477

**New Mailing Address:**

19556 SW 36 ST.  
DUNNELLON, FL 34431

**FEI Number:** 30-0514207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

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: CLACKUM, WENDY  
Address: 3710 SE 22 PLACE  
City-St-Zip: OCALA, FL 34471

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: SHAWN D. HARDMAN

D

06/27/2011

Electronic Signature of Signing Officer or Director

Date