2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24010

Entity Name: APCO INSTITUTE, INC.

FILED May 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 **Current Mailing Address: New Mailing Address:** 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 FEI Number: 59-2895017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RYAN, E TIM 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STILE, VINCENT STILE, VINCENT Name: Name: 351 N. WILLIAMSON BLVD Address: 351 N. WILLIAMSON BLVD Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 Title: Title: () Delete () Change () Addition BALLENTINE, GREGORY S Name: Name: Address: 351 N WILLIAMSON BLVD Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition BORASH, DIANA Name: Name: 351 N WILLIAMS BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MCCARLEY, WANDA 351 N WILLIAMSON BLVD Address: Address: City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32114 Title: () Delete Title: () Change (X) Addition NEWMAN, JOHN B Name: Name: 351 N WILLIAMSON BLVD Address: Address: City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32114 Title: () Delete Title: () Change (X) Addition RYAN, E. TIM Name: Name: Address: Address: 351 N WILLIAMSON BLVD DAYTONA BEACH, FL 32114 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: E TIM RYAN DS 05/21/2004