

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-16-2007 90026 027 ****61.25
N43960

DOCUMENT # N43960 1. Entity Name APPLE CORPS, INC.						FILED 07 JUN 14 PM 12:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS REPORT IS TRUE	
Principal Place of Business Mailing Address 741 GERHARDT DRIVE 741 GERHARDT DRIVE PENSACOLA FL 32503 PENSACOLA FL 32503				4. FEI Number Applied For 59-3075454 ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
2. Principal Place of Business - No P.O. Box # See Above		3. Mailing Address See Above					
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____					
City & State PENSACOLA		City & State FL					
Zip 32503	Country USA	Zip 32503	Country USA	6. Name and Address of Current Registered Agent APPLEYARD, ELEANOR K. 741 GERHARDT DRIVE PENSACOLA FL 32503			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____							
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 <u><i>Eleanor K. Appleyard</i></u> <u><i>ELEANOR K. APPLEYARD</i></u> 4/30/07 Signature, title or correct name of registered agent and date (NOTE: Registered Agent signature required when restoring)							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D President ☐ Delete NAME APPLEYARD, JOHN H STREET ADDRESS 741 GERHARDT DR CITY-STATE-ZIP PENSACOLA FL	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____			TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____			
TITLE D ☐ Delete NAME APPLEYARD, DIANE STREET ADDRESS 2324 MALISA PLANE CITY-STATE-ZIP PENSACOLA FL	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____						
TITLE D Sec'y - Treasurer ☐ Delete NAME APPLEYARD, ELEANOR K STREET ADDRESS 741 GERHARDT DR CITY-STATE-ZIP PENSACOLA FL	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____						
TITLE D ☐ Delete NAME APPLEYARD, KATE STREET ADDRESS 2701 BANQUOS TRAIL CITY-STATE-ZIP PENSACOLA FL 32503	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____						
TITLE D ☐ Delete NAME RICARDO LEGUE APPLEYARD STREET ADDRESS 4400 PINEWOOD DR CITY-STATE-ZIP PAS, R- 32507	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____						
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ 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 617, 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: <u><i>Eleanor K. Appleyard</i></u> <u><i>ELEANOR K. APPLEYARD</i></u> 4/30/07 Signature and typed or printed name of signing officer or director Date Daytime Phone #							

Secretary-Treasurer