

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000080354

1. Entity Name
A.P. INVESTMENTS, INC.



Principal Place of Business

3209 W. MORRISON AVE.
TAMPA, FL 33629

Mailing Address

3209 W. MORRISON AVE.
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3664845

Applied For
Not Applicable

5. Certificate of Status Destroyed ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULLARA, ELEANOR
3209 W. MORRISON AVE.
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

7. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000499762
04/20/06-80017-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PULLARA, ELEANOR 3209 W. MORRISON AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06 (813)353-1959

Date

Daytime Phone