


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90035 026 \*\*\*158.75

**DOCUMENT # P01000010894**  
 1. Entity Name  
**APPEL & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**30605 SADDLEBAG TRAIL**      **30605 SADDLEBAG TRAIL**  
**MYAKKA CITY, FL 34251**      **MYAKKA CITY, FL 34251**

24003313

2. Principal Place of Business      3. Mailing Address  
**1760 East Avenue**      **1760 East Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01232004      Chg-P      CR2E034 (10/03)

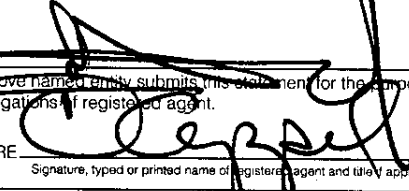
City & State      City & State  
**Sarasota, FL**      **Sarasota, FL**  
 Zip      Country      Zip      Country  
**34234**      **USA**      **34234**      **USA**

4. FEI Number      Applied For  
**65-1072187**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**APPEL, CHRISTINE**  
**30605 SADDLEBAG TRAIL**  
**MYAKKA CITY, FL 34251**

7. Name and Address of New Registered Agent  
 Name  
**Steven M. Appel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**30605 Saddlebag Trail**  
 City      State      Zip Code  
**Myakka City**      **FL**      **34251**

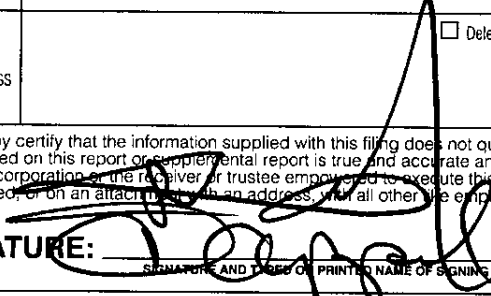
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE:       **Vice President**      **1/24/04**  
Signature, typed or printed 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS APPEL, CHRISTINE 30605 SADDLEBAG TRAIL MYAKKA CITY, FL 34251 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVSA APPEL, STEVEN M 30605 SADDLEBAG TRAIL MYAKKA CITY, FL 34251 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, President</b> <b>Barbara B. Appel</b> <b>1760 East Avenue</b> <b>Sarasota, FL 34234</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Vice President</b> <b>Steven M. Appel</b> <b>30605 Saddlebag Trail</b> <b>Myakka City, FL 34251</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Stanley Appel</b> <b>1760 East Avenue</b> <b>Sarasota, FL 34234</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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, for all other use empowered.  
 SIGNATURE:       **Steven M. Appel**  
**Vice Pres.**      **1/24/04**      **(941) 955-1177**  
Signature and Date of Printed Name of Signing Officer or Director      Date      Daytime Phone #