

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028888

1. Entity Name
AN APPLE A DAY..., INC.



Principal Place of Business
2 EAST INDEPENDENT DR, #121
JACKSONVILLE, FL 32202

Mailing Address
2 EAST INDEPENDENT DR, #121
JACKSONVILLE, FL 32202



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2820169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENNINGTON, MARK G ESQUIRE
1 INDEPENDENT DRIVE, #1700
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Elmir Slavic PRESIDENT 01-12-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SLAVIC, ELMIR
STREET ADDRESS	5459 CRUZ ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DV
NAME	SLAVIC, JASMIN
STREET ADDRESS	2 EAST INDEPENDENT DR, #121
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DST
NAME	SLAVIC, SENIJA
STREET ADDRESS	2 EAST INDEPENDENT DR, #121
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	SLAVIC, NAIL
STREET ADDRESS	2 EAST INDEPENDENT DR, #121
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80056-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

Elmir Slavic 01-17-05 904-838-3134