2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90074 045 ***150.00

DOCUMENT # P0100060060 1. Entity Name APFL COMMUNICATIONS INC.					04-27-200	900/4 043 **	130.00
Principal Place	of Business	Mailing Address	<u>.,</u>			· ·	
4328 81ST S Bradenton,		4328 81ST ST. W BRADENTON, FL 34209	•		41	· · · · · · · · · · · · · · · · · · ·	III FR I II IRRI
2. Principal Pl	ace of Business 26th St. West	3. Mailing Address	4 L10 24				
P.O. B X 264		P. O. Box 264		04192004	Chg-P	CR2E034 (10/03)	
	nton Fl.	Bradenton	ب۲۱.	4. FEI Numb		No	ot Applicable
<u> ЗЧао</u> -	Country Country 6. Name and Address of Current R	34207	Country		e of Status Desired d Address of New Re	\$8.75 Add Fee Require	
	G. Name and Address of Correll A	egistered Agent	Name	7, 100110-011	<u> </u>	3.0	· · · · · · · · · · · · · · · · · · ·
APFL, CURTIS 4328 81ST ST. W BRADENTON, FL 34209				Street Address (P.O. Box Number is Not Acceptable)			
	• <i>*</i>		City			FL Zip Cod	le
	named entity submits this statement for ons of registered agent.	the purpose of changing its r	egistered office or	registered agent, or b	oth, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		t 2.3 DATE ⊷yyë	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees			
10.	OFFICERS AND C	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	P AOFI, CURTIS C 3631 WEST COMMERCIAL BLVE FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAPFL, Cur wasauthsh Bradenton	lis C vest P.O.Boxo Fl. 3420	□ Change No4 7	☐ Addition
TITLE NAME STREET ADDRESS	S AOFI, MELISSA 3631 WEST COMMERCIAL BLVD	☐ Delete	TITLE NAME STREET ADDRESS	<u>_</u>	SCA 1. West P.O.	□ AL	Addition
CITY-ST-7IP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Bradenton	, FI. 3420	2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
indicated of the co	certify that the information supplied with f on this report or supplemental report is rporation or the receiver or trustee emporation, or on an attachment with an address, v	true and accurate and that me wered to execute this report	ny signature shall h as required by Chi	nave the same legal eff	ect as if made under o	ath; that I am an office	er or director