## 2005 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Mar 07, 2005 08:00 AM Secretary of State **DOCUMENT # P01000080433** AMERICAN PROPERTY GROUP NO. II, INC. Principal Place of Business. Mailing Address\_ 3350 EAST BAY DR 3350 EAST BAY DR LARGO, FL 33771 US LARGO, FL 33771 02022005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FE) Number Applied For 59-3747430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POWNALL, RON DO NOT WRITE 3350 EAST BAY DR LARGO, FL 33771 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: 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE POWNALL, RON NAME STREET ADDRESS 3350 EAST BAY DR CITY-ST-ZIP LARGO, FL 33771 TITLE WRZESNIEWSKI, ADAM NAME 3350 EAST BAY DR STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE

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, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Randd Paunall	2/22/65 7	27-535-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
	and the second s	<del>-</del>	