2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097456

1. Entity Name
APC LIMITED, INC.

FILED
05 AUG -1 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7570 SAVANNAH LANE LAKE WORTH, FL 33463	7570 SAVANNAH LANE LAKE WORTH, FL 33463

01032006 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153546
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPPELL
~~CLANDELLI~~, ROBERT L
7570 SAVANNAH LANE
LAKE WORTH, FL 33463

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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 RD 1/3/05 #1341
Signature, typed or printed name of registered agent applies if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D
NAME	CHAPPELL, ROBERT L
STREET ADDRESS	7570 SAVANNAH LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	CHAPPELL, ANN P
STREET ADDRESS	7570 SAVANNAH LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2/4/05 90049 050 -
$150.00

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11.

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.

SIGNATURE: R.D. Chappell 1/3/05 ~~561-432-2755~~
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR Date Daytime Phone #

561-432-2755

* Per conversation w/- Ann, document was corrected + mailed for filing * AFM