

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000097456

1. Entity Name
APC LIMITED, INC.



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

Mailing Address
7570 SAVANNAH LANE
LAKE WORTH, FL 33463

FILED

06 AUG 14 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07/12/06 90003 018 \$150.00
04072006 No Chg-P CR2E034 (11/05)

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, ROBERT L
7570 SAVANNAH LANE
LAKE WORTH, FL 33463

**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, typ

Id agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/9/06 451-432-2755

20 8/16