

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90307 039 ***158.75

DOCUMENT # P02000020915

1. Entity Name
PROAPP DESIGN, INC.



Principal Place of Business
**14407 SE 45TH COURT
SUMMERFIELD, FL 34491 US**

Mailing Address
**14407 SE 45TH COURT
SUMMERFIELD, FL 34491 US**

2. Principal Place of Business
**1 NE FIRST AVE
Suite, Apt. #, etc.
300**

3. Mailing Address
**1 NE FIRST AVE
Suite, Apt. #, etc.
300**

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34470

Country
MARION

Zip
34470

Country
MARION

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number
03-0393210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POSEY, CHADWICK E
14407 SE 45TH COURT
SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent

Name **AZAR, CHRISTOPHER**
Street Address (P.O. Box Number is Not Acceptable)
9128 SW 154TH ST

City **Summerfield**

FL

Zip Code **34491**

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 **Chris Azar**

DATE **4-24-04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **POSEY, CHADWICK E**
STREET ADDRESS **14407 SE 45TH COURT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **V** ☐ Delete
NAME **AZAR, CHRISTOPHER M**
STREET ADDRESS **9128 SW 154TH STREET**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Chris Azar** **4-24-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #