2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080180

Name:

Address:

City-St-Zip:

DE, JESUS

26 FRISCO CLOVER

APOPKA, FL 32712

Intity Name: ADAMS APPLE COMMUNICATIONS INC

FILED May 05, 2004 Secretary of State

Entity Nan	ie: ADAM	S APPLE COMMUNICATIONS	INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
26 FRISCO APOPKA, F		US	1232 ROC SUITE 102 APOPKA,			
Current Mailing Address:			New Maili	New Mailing Address:		
26 FRISCO APOPKA, F		US				
FEI Number:	11-3644603	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Des	ired()	
Name and	Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
PALL, NAC 26 FRISCC APOPKA, F The above in the State SIGNATUR	COURT L 32712 named enti of Florida.	US ty submits this statement for the	e purpose of changing i	its registered office or registered ager	nt, or both,	
		onic Signature of Registered A	gent	Date		
	paign Financ	.193(2)(b), F.S., the corporation did cing Trust Fund Contribution (). ECTORS:	•	e. IS/CHANGES TO OFFICERS AND [DIRECTORS:	
Title: Name: Address: City-St-Zip:	P PALL, NAON 26 FRISCO APOPKA, FL	COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VPD PALDO, TIM 26 FRISCO APOPKA, FL	CLOVER	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition PALL, TIMOTHY 26 FRISCO COURT APOPKA, FL 32712		
Title:	D	(X) Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NAOMI A. PALL P 05/05/2004