

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

DOCUMENT # P02000084379

1. Entity Name

APPLIED TECHNOLOGIES, INC.



Principal Place of Business
1808 PICCADILLY CIRCLE
CAPE CORAL FL 33991

Mailing Address
1808 PICCADILLY CIRCLE
CAPE CORAL FL 33991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

82-0556737

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, AVRILLE Y
4150 HANCOCK BRIDGE PARKWAY-#23
SUITE 156
FORT MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DAVIS, EGBERT W
STREET ADDRESS 4150 HANCOCK BRIDGE PKWY-#23 - SUITE 156
CITY-ST-ZIP FORT MYERS FL 33903

TITLE P ☒ Change ☐ Addition
NAME DAVIS, EGBERT W
STREET ADDRESS 1808 Piccadilly Circle
CITY-ST-ZIP CAPE-CORAL FL 33991

TITLE S ☐ Delete
NAME DAVIS, AVRILLE Y
STREET ADDRESS 4150 HANCOCK BRIDGE PKWY-#23 - SUITE 156
CITY-ST-ZIP FORT MYERS FL 33903

TITLE S ☒ Change ☐ Addition
NAME DAVIS, AVRILLE Y
STREET ADDRESS 1808 Piccadilly Circle
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Avrille Davis* (AVRILLE DAVIS)

3/16/05 239-282-2547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #