


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 025 ***158.75

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 82-0556737	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, AVRILLE Y 1808 PICCADILLY CIR CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, EGBERT W 1808 PICCADILL CIR CAPE CORAL, FL 33991 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, AVRILLE Y 1808 PICCADILLY CIR CAPE CORAL, FL 33991 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Avrille Davis</i> AVRILLE DAVIS 4/27/07 239-699-5879 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Secretary</i> Date Daytime Phone #					

40101010



04242007 Chg-P CR2E034 (12/06)

**ATTACHMENT**
Division of Corporations

40101876

Annual Report**Annual Report Help**

Document Number

P02000084379

Business Entity Name

APPLIED TECHNOLOGIES, INC.

FEI Number

820556737

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable~~Certificate of Status Desired~~☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

1808 PICCADILLY CIRCLE

Suite, Apt. #, etc.

City, State

CAPE CORAL**FL**

Zip Code & Country

33991**Mailing Address**

Address

1808 PICCADILLY CIRCLE

Suite, Apt. #, etc.

City, State

CAPE CORAL**FL**

Zip Code & Country

33991**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

DAVIS**AVRILLE****Y****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

1808 PICCADILLY CIR

Suite, Apt. #, etc.

City, State

CAPE CORAL**FL**

Zip Code & Country

33991**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40101876

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

DAVIS

EGBERT

W

- OR -Entity Name to serve as
Officer/Director

Street Address

1808 PICCADILL CIR

City, State

CAPE CORAL

FL

Zip Code & Country

33991

Title

S

Name (Last, First, Middle, Title)

DAVIS

AVRILLE

Y

- OR -Entity Name to serve as
Officer/Director

Street Address

1808 PICCADILLY CIR

City, State

CAPE CORAL

FL

Zip Code & Country

33991

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

ATTACHMENT 40101876



Division of Corporations

Annual Report

Payment Page

Document Tracking # - 100096412581

Document Number # - P02000084379

The charge amount for your filing is \$150.00

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Credit Card Payment

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number:

Password

E-mail Address

Sunbiz E-file Account Payment

Start Over

[Sunbiz Home Page](#)

[Annual Report Help](#)