


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2004 8:00 am  
Secretary of State

05-04-2004 90201 017 \*\*\*150.00

DOCUMENT # P02000086153 1. Entity Name THE APOLLO COLLECTION CORPORATION	
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Principal Place of Business 8280 PRINCETON SOUTH BLVD. W., #10 JACKSONVILLE, FL 32256	Mailing Address 8280 PRINCETON SOUTH BLVD. W., #10 JACKSONVILLE, FL 32256
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04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2067793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
MAKRANCZY, ATTILA  
153 SHELBY'S COVE CT.  
PONTE VEDRA BEACH, FL 32082

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAURANCZY, ATTILA 153 SHELBY'S COVE CT. PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**

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:  4-28-04 904-409-6163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

correct name: Makranczy

correct place of business & mailing address:

8535 Baymeadows Rd. Suite 6B  
Jacksonville, FL 32256