## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2004 8:00 am Secretary of State

DOCUMENT # P0300000321  1. Entity Name APPCS, INC.					03-11-2004 90018 034 ***150.00				
Principal Place of Business		Mailing Address					11.51	IJXUK	,
220-13TH STREET		220-13TH STREET					54	IJZŏUb	•
LARGO, FL 33640 US		LARGO, FL 33640 US							
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2. Principal Place of Business 3.		3. Mailing Address							
		702 N.Enterprise St.			r E riminanin	8 8 10 8 11111 <b>3 8</b> 111 <b>3 8</b> 1		#1##     #   #1#1 J#1	E1881 II (8 \$1
Suite. Apt. #, etc.		Suite, Apt. #, etc.			03082004	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Numbe			ΙΔr	oplied For
		Plant City, FL			41-207				ot Applicable
Zip	Country	Zip	Country		5. Certificate		ed 🗀	\$8.75 Add	ditional
7	6. Name and Address of Current F		Hillsbor	oug		Address of Ne		Fee Require	d
, ,,	o. Name and Address of Odrient	logistoled Agent	Name		7. Maine and	Address of Ne	ew negistered	Ageni	
HATLEY, I				<u>-</u>					
220-13TH STREET  LARGO, FL FL  Street Address (P.O. Box Number is Not Acceptable)									
EAROO, I			/2 <sup>1</sup> /754 <sup>2</sup> ,		وج ن سيشارس	 	~.·* <u> </u>		
	•		City	11	1 17	TOTAL FREE	FL	Zip Cod	e
₹ P≂Tho about	named antity submits this statement for	ر السراحي المساسر در المارة (18 مارية المارية (18 مارية المارية (18 مارية (18 مارية (18 مارية (18 مارية (18 مارية (18 مارية (18	And the second	t is the Otate		-  >			
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									
			n Financing bution.		00 May Be- d to Fees		····	-	
( <b>≱</b> >	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS AN	DIRECTOR	S IN 11
-Yinke	Р	Delete	TITLE					☐ Chango	☐ Addition
NAME STRAET ADDRESS	HATLEY, BRENT L 220-13TH STREET		NAME STREET A DODGE G						
CITY-ST-ZIP	LARGO, FL 33640		STREET ADDRESS CITY-ST-ZIP						
TITLE		□ Delete	TITLE					☐ Change	Addition
NAME		<u> </u>	NAME					Grangs	- Manual
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CITY-ST-ZIP			CITY-ST-ZIP				•		
TITLE NAME		☐ Delete	TITLE — NAME				. · . 2.	☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
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NAME I YE'T		•	NAME STREET AUDRESS		•		****		·
CITY-ST-ZIP			CITY-ST-ZIP			***		~	
12. Thereby of indicated	certify that the information supplied with to on this report or supplemental report is	this filing does not qualify for t	the exemption state	ed in Sec	tion 119.07(3)(i	), Florida Statul Las if made un	tes. I further ce der oath: that I	rtily that the in	ntormation or director

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Soction 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 eath; 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 alternative with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04 813651-919