2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006994

Entity Name: WILD APPLE HOMES, INC.

VANN, THOMAS E IV

7596 FRINGE PLACE

PORT ST JOHN, FL 32927 US

Name:

Address:

City-St-Zip:

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4312 GLENVIEW DRIVE LAKELAND, FL 33810 **Current Mailing Address: New Mailing Address:** 4312 GLENVIEW DRIVE LAKELAND, FL 33810 FEI Number: 42-1598562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRITTON, CHARLES P 5300 SOUTH FLORIDA AVENUE LAKELAND, FL 33813 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: () Change () Addition VANN, THOMAS E III Name: Name: 4312 GLENVIEW DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: () Delete Title: Title: TREA () Change () Addition Name: VANN, MATTHEW D Name: 498 WINDRUSH DRIVE Address: Address: DAVENPORT, FL 33897 US City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition VANN, JOEL M Name: Name: 8043 KAITLIN CIRCLE Address: Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: Title: VΡ () 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: THOMAS E VANN III PRES 06/30/2005