2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000010296** 04-16-2004 90034 035 ***150.00 1. Entity Name MAPLE TREE APARTMENTS, INC. Principal Place of Business Mailing Address 10931 53 AVE N ST PETERSBURG FL 33708 10931 53 AVE N ST PETERSBURG FL 33708 2. Principal Place of Business 3. Mailing Address 6460-6464-6468 404 Ave.N. 10931 53 AVE. N. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent GUZY, ANDREW Street Address (P.O. Box Number is Not Acceptable) 10931 53 AVE N ST PETERSBURG FL 33708 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Delete NU F TITLE Chance GUZY, ANDREW NAME NAME STREET ADDRESS 10931 53 AVE N STREET ADDRESS ST PETERSBURG FL 33708 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Addition TITLE NAME **GUZY, ANNA** NAME STREET ADDRESS 10931 53 AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33708 CITY-ST-ZIP TITLE ☐ Delete TILE Change Addition NAME" GUZY: SUSAN" NAME STREET ADDRESS 10931 53 AVÉ N STREET ADDRESS CITY-ST-ZIP ST-PETERSBURG FL-33706 ~ CITY-SI-ZIF-TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COLOSSEO, ANNA NAME 10931 53 AVE N STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33708 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 employered 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 osse E OF SIGNING OFFICER OR DIRECTOR

FILED