
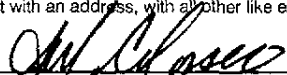


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000010296		
1. Entity Name MAPLE TREE APARTMENTS, INC.		
Principal Place of Business 6460-6464-6468 40TH AVE. N. ST. PETERSBURG, FL 33709		Mailing Address 10931 53RD AVE N ST. PETERSBURG, FL 33708
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUZY, ANDREW 10931 53 AVE N ST PETERSBURG, FL 33708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		1000000535175 05/08/06-80043-010 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	GUZY, ANDREW	
STREET ADDRESS	10931 53 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	VD	
NAME	GUZY, ANNA	
STREET ADDRESS	10931 53 AVE N	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	SD	
NAME	GUZY, SUSAN	
STREET ADDRESS	10931 53 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	TD	DO NOT WRITE IN THIS SPACE
NAME	COLOSSEO, ANNA	
STREET ADDRESS	10931 53 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4-20-06 727-455-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #