

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

DOCUMENT # P03000024822

1. Entity Name

@APPTech.DESIGN GROUP, INC.



04-17-2006 90679 001 ***150.00

04-17-2006 90679 002 *****8.75

Principal Place of Business

419 OCEAN AVENUE
MELBOURNE BEACH FL 32951

Mailing Address

419 OCEAN AVENUE
MELBOURNE BEACH FL 32951

2. Principal Place of Business

441 Holiday Park Blvd.
Palm Bay, FL
City & State

3. Mailing Address

441 Holiday Park Blvd
Palm Bay, FL
City & State

Zip
32907

Country
USA

Zip
32907

Country
USA

6. Name and Address of Current Registered Agent

BARBOUR, CARL
419 OCEAN AVENUE
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name: CARL BARBOUR
Street Address (P.O. Box Number is Not Acceptable): 441 Holiday Park Blvd.
City: Palm Bay, FL Zip Code: 32907

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: Carl O. Barton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 10, 2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☒ Delete
NAME: BARBOUR, CARL
STREET ADDRESS: 419 OCEAN AVENUE
CITY-ST-ZIP: MELBOURNE BEACH FL 32951

TITLE: ☐ Delete
NAME: BARBOUR, CARL
STREET ADDRESS: 441 Holiday Park Blvd.
CITY-ST-ZIP: Palm Bay, FL 32907

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carl Barton April 10, 2006 (321) 953-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #