


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90002 007 \*\*\*150.00

<b>DOCUMENT # P03000024822</b> 1. Entity Name <b>@APPTCH.DESIGN GROUP, INC.</b>					
Principal Place of Business <b>441 HOLIDAY PARK BLVD PALM BAY, FL 32907</b>			Mailing Address <b>441 HOLIDAY PARK BLVD PALM BAY, FL 32907</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-3708428</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARBOUR, CARL 441 HOLIDAY PARK BLVD PALM BAY, FL 32907</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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: <u><i>Carl O. Barbour</i></u> <span style="float: right;">DATE: <u>August 25, 2008</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, CARL 441 HOLIDAY PARK BLVD PALM BAY, FL 32907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: <u><i>Carl Barbour</i></u> <span style="float: right;">DATE: <u>August 25, 2008</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

P03000024822

ATTACHMENT

40114633

@APPTech.DESIGN GROUP, INC.  
441 HOLIDAY PARK BLVD  
PALM BAY FL 32907-2126

Note: This is not a change  
to the address of record.



2008  
CR2E095-2nd 3/08

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

July 10, 2008

Dear Sir:

I am passing along this payment  
for this year's annual report notice.

Please post it for me and  
SEND ME the form to file.

I am doing it in this way to  
avoid late filing fees,

Thanks!

Carl Barton