

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000053379

1. Entity Name

APLIN PEER & ASSOCIATES, INC.



Principal Place of Business

1221 SOUTH 21ST AVENUE
HOLLYWOOD, FL 33020

Mailing Address

1221 SOUTH 21ST AVENUE
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number

61-1449847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEER, KEITH K
1221 SOUTH 21ST AVENUE
HOLLYWOOD, FL 33020

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEER, KEITH K
STREET ADDRESS	10350 NW 50TH CT.
CITY- ST- ZIP	CORAL SPRINGS, FL 33076
TITLE	CEOD
NAME	APLIN, WARREN
STREET ADDRESS	5951 NE 65TH CT.
CITY- ST- ZIP	PARKLAND, FL 32067
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000202006
01/28/05-80090-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: W. Aplin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

1/28/05

954.925.3210