


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90279 009 \*\*\*150.00

<b>DOCUMENT # P03000081212</b> 1. Entity Name <b>APODACA PROPERTY MANAGEMENT CORPORATION</b>																													
Principal Place of Business <b>2910 BUSCH LAKE BLVD. SUITE A TAMPA, FL 33614</b>			Mailing Address <b>2910 BUSCH LAKE BLVD. SUITE A TAMPA, FL 33614</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>16528 N. Dale Mabry Hwy</b> Suite, Apt. #, etc.																											
City & State Zip		City & State <b>Tampa, FL</b> Zip <b>33618</b>		4. FEI Number <b>16-1677943</b>																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent Name <b>Sanders, Walter</b> Street Address (P.O. Box Number is Not Acceptable) <b>16528 N. Dale Mabry Hwy</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33618</b>																									
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>Walter Sanders</u> <u>Walter Sanders</u> <u>4/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>APODACA, ELEANOR</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11809 LIPSEY ROAD</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>TAMPA, FL 33618</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>APODACA, ELEANOR</b>		STREET ADDRESS	<b>11809 LIPSEY ROAD</b>		CITY - ST - ZIP	<b>TAMPA, FL 33618</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME	<b>APODACA, ELEANOR</b>																												
STREET ADDRESS	<b>11809 LIPSEY ROAD</b>																												
CITY - ST - ZIP	<b>TAMPA, FL 33618</b>																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
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: <u>Eleanor Apodaca</u> <u>4-20-05 (8/3) 264-4489</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													