

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90045 016 ***150.00

DOCUMENT # P03000110625

1. Entity Name

R. APPLGARTH, INC



Principal Place of Business

2636 SHENANDOAH ST
NORTH PORT FL 34287
US

Mailing Address

2636 SHENANDOAH ST
NORTH PORT FL 34287
US

00067003



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2636 Shenandoah St
Suite, Apt. #, etc.

3. Mailing Address

2636 Shenandoah St
Suite, Apt. #, etc.

City & State

North Port FL

City & State

North Port, FL

4. FEI Number

54-2129259

Applied For

Not Applicable

Zip

34287

Country

USA

Zip

34287

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

APPLGARTH, RONALD J
2636 SHENANDOAH ST
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Ron Applegarth

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

(NOTE: Registered Agent signature required when reinstating)

3-7-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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: PRES
NAME: APPLGARTH, RONALD J ☐ Delete
STREET ADDRESS: 2636 SHENANDOAH ST
CITY-ST-ZIP: NORTH PORT FL 34287

TITLE: SEC
NAME: APPLGARTH, RONALD J ☐ Delete
STREET ADDRESS: 2636 SHENANDOAH ST
CITY-ST-ZIP: NORTH PORT FL 34287

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

Ron Applegarth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #