2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000110625

1. Entity Name

R. APPLEGARTH, INC

FILED
Mar 06, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2636 SHENANDOAH ST NORTH PORT FL 34287 US	2636 SHENANDOAH ST NORTH PORT FL 34287 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2636 ShenanDoah ST	2636 ShenanDoah ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port Florida	City & State: North Port Florida
Zip: 34287 Country: USA	Zip: 34287 Country: USA

4. FEI Number 54-2129259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APPLEGARTH, 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 ______ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES APPLEGARTH, RONALD J 2636 SHENANDOAH ST NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000458448 03/17/06-80045-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC APPLEGARTH, RONALD J 2636 SHENANDOAH ST NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ron Applegarth 3-1-06 941-237-1051