

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124517

Entity Name: 1010 APARTMENTS, INC.

FILED  
Mar 28, 2005  
Secretary of State

## Current Principal Place of Business:

6017 PINE RIDGE ROAD  
SUITE 336  
NAPLES, FL 34119

## New Principal Place of Business:

1594 CURLEW AVENUE  
NAPLES, FL 34102

## Current Mailing Address:

6017 PINE RIDGE ROAD  
SUITE 336  
NAPLES, FL 34119

## New Mailing Address:

6310 STAR GRASS LANE  
NAPLES, FL 34116

FEI Number: 11-3708055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HELTON, THERESIA M  
1130 RESERVE WAY, #204  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

ALZAMORA, KELLEY S  
6310 STAR GRASS LANE  
NAPLES, FL 34116 US

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.

SIGNATURE: KELLEY ALZAMORA

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HELTON, THERESIA M  
Address: 1130 RESERVE WAY, #204  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition  
Name: ALZAMORA, KELLEY S  
Address: 6310 STAR GRASS LANE  
City-St-Zip: NAPLES, FL 34116

Title: S.T ( ) Change (X) Addition  
Name: ALZAMORA, KELLEY S  
Address: 6310 STAR GRASS LANE  
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELEY ALZAMORA

P,VP

03/28/2005

Electronic Signature of Signing Officer or Director

Date