2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:X_

Jan 23, 2004 8:00 am DOCUMENT # P03000130671 **Secretary of State** 1. Entity Name 01-23-2004 90035 047 ***158.75 APPLE HOME BUILDERS, INC. Principal Place of Business Mailing Address 5143 COMMERCIAL WAY 5143 COMMERCIAL WAY SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0404016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34606 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** ☐ Delete TITLE Change Addition TITLE D/VP/T KIERZYSKI, MICHAEL J NAME ' NAME KIERZYNSKI, MICHAEL J. STREET ADDRESS 5143 COMMERCIAL WAY STREET ADDRESS 5143 COMMERCIAL WAY SPRING HILL, FL 34606 CITY-ST-7IP CITY-ST-ZIP SPRING HILL, FL 34606 TITLE ☐ Delete TITLE Change ☐ Addition BECK, JERRY E NAME NAME STREET ADDRESS STREET ADDRESS 5143 COMMERCIAL-WAY CITY-ST-7IP SPRING HILL, FL 34606 CITY-ST-ZIP ☐ Delete TITLE P/S Change X Addition TITLE NAME NAME LIZIO, JOSEPH J. STREET ADDRESS 5143 COMMERCIAL WAY STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 CITY-ST-ZIF ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

MICHAEL J. KIERZYNSKI

Daytime Phone #

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED