

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000138141	
1. Entity Name APOLLO J FARMS, INC.	

Principal Place of Business 12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414 US	Mailing Address 12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414 US
---	---



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0417281	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414
--

DO NOT WRITE IN THIS SPACE

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.

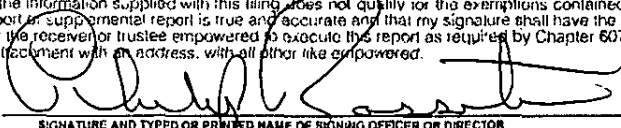
SIGNATURE _____ (NOTE: Registered Agent signature required when restoring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000921175 05/14/08-80074-019 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D ROY, JOHN B 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROY, DEBORAH M 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSSITER, PHILIP E 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD, SUITE 1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	APR 24/08	902-835-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Philip E. Rossiter, Vice President	Date	Driving Phone #