


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90059 007 \*\*\*150.00

<b>DOCUMENT # P03000141213</b> 1. Entity Name <b>RICHARD L. APICELLO, INC.</b>					
Principal Place of Business <b>6450 W. VENABLE STREET</b> <b>CRYSTAL RIVER, FL 34429 US</b>			Mailing Address <b>6450 W. VENABLE STREET</b> <b>CRYSTAL RIVER, FL 34429 US</b>		
2. Principal Place of Business <b>5462 S. Alice Pt.</b>		3. Mailing Address <b>5462 S. Alice Pt.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Homosassa, FL</b>		City & State <b>Homosassa, FL</b>		4. FEI Number <b>20-0425522</b>	
Zip <b>34446</b>		Country <b>Citrus</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34446</b>		Country <b>Citrus</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>APICELLO, RICHARD L</b> <b>6450 W. VENABLE STREET</b> <b>CRYSTAL RIVER, FL 34429</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>APICELLO, RICHARD L</b> <b>6450 W. VENABLE STREET</b> <b>CRYSTAL RIVER, FL 34429</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>APICELLO, ANTHONY R</b> <b>6450 W. VENABLE STREET</b> <b>CRYSTAL RIVER, FL 34429</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Apicello, Michael P.</b> <b>6450 W. Venable Street</b> <b>Crystal River, FL 34429</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard L. Apicello</i> <b>Pres.</b>			Date: <b>4/05/05</b> Daytime Phone #: <b>352-400-0163</b>		