

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90263 033 \*\*\*150.00

**DOCUMENT # P03000141408**

1. Entity Name  
**SHINY APPLE INC.**



Principal Place of Business  
**1735 BRANTLEY RD.  
2712  
FORT MYERS, FL 33907**

Mailing Address  
**1735 BRANTLEY RD.  
2712  
FORT MYERS, FL 33907**

40067610



2. Principal Place of Business  
**5361 HAWKS LANDING DR.  
Suite, Apt. #, etc.  
101**

3. Mailing Address  
**5361 HAWKS LANDING DR  
Suite, Apt. #, etc.  
101**

03032005 Chg-P CR2E034 (10/03)

City & State  
**FORT MYERS, FL**  
Zip  
**33907**

City & State  
**FORT MYERS, FL**  
Zip  
**33907**

4. FEI Number  
**33-1078096**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, ALEXANDER  
1735 BRANTLEY RD.  
2712  
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **LOPEZ, ALEXANDER**  
Street Address (P.O. Box Number is Not Acceptable)  
**5361 HAWKS LANDING DR, APT-101**  
City **FORT MYERS** FL Zip Code **33907**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-3-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LOPEZ, ALEXANDER**  
STREET ADDRESS **1735 BRANTLEY RD. APT. #2712**  
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **TR** ☐ Delete  
NAME **ROLDAN, PAULA M**  
STREET ADDRESS **1735 BRANTLEY RD. APT # 2712**  
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VICE-PRESIDENT**  
STREET ADDRESS **BRENT A. HAYS**  
CITY-ST-ZIP **1039 BOARDLY HILLS BLVD.  
SEVIERVILLE-TN-37876**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-05**

Date

Daytime Phone #