

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000142659

1. Entity Name
APPLE BOX PRODUCTIONS, INC.



Principal Place of Business
1015 ATLANTIC BOULEVARD
#178
ATLANTIC BEACH, FL 32233

Mailing Address
1015 ATLANTIC BOULEVARD
#178
ATLANTIC BEACH, FL 32233

FILED
2006 SEP 18 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0478429
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, THOMAS P
12412 SAN JOSE BLVD.
SUITE 101
JACKSONVILLE, FL 32233

**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 _____ 000080038080
09/21/06 01050 020 ***150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW! FEE IS \$150.00
Due by September 15, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOWELL, ANDREW PRES
STREET ADDRESS 1015 ATLANTIC BLVD., #178
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE VP
NAME HOWELL, SUMMER VP
STREET ADDRESS 1015 ATLANTIC BLVD., #178
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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: Summer Howell VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-06 904-200-0970
Date Daytime Phone #