

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

04-28-2005 90165 039 ***150.00

DOCUMENT # P04000002385			
1. Entity Name APPLETON CLARK INTERIORS, INC.			
Principal Place of Business 3117 EDGEWATER DRIVE ORLANDO, FL 32804 US		Mailing Address 3117 EDGEWATER DRIVE ORLANDO, FL 32804 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent APPLETON, MICHAEL J ESQ. 3117 EDGEWATER DRIVE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P APPLETON, CATHLEEN P 520 W. HARVARD STREET ORLANDO, FL 32804 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/D APPLETON, CATHLEEN P. 520 W. HARVARD ST. ORLANDO, FLORIDA 32804 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CLARK, KIMBERLY 505-104 VIA DEL ORO ALTAMONTE SPRINGS, FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D CLARK, KIMBERLY 505-104 VIA DEL ORO ALTAMONTE SPRINGS, FLORIDA 32714 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: P. Cathleen Appleton P. CATHLEEN APPLETON 4/25/05 407/628-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66019553



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
51-0493960 Applied For
Not Applicable

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