
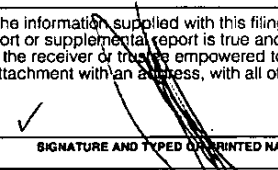


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 038 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P04000037536 1. Entity Name AP&C VENTURES, INC. | |  | |
| Principal Place of Business 5852 FAIRWOODS CIRCLE SARASOTA, FL 34243 US | | Mailing Address 5852 FAIRWOODS CIRCLE SARASOTA, FL 34243 US | |
| 2. Principal Place of Business 6604 Gateway Ave. Suite, Apt. #, etc. | | 3. Mailing Address 6604 Gateway Ave. Suite, Apt. #, etc. | |
| City & State Sarasota FL | | City & State Sarasota FL | |
| Zip 34231 | | Zip 34231 | |
| Country Sarasota | | Country Sarasota | |
| 4. FEI Number 20-0783710 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VOIGT, STEPHEN F SR. 2042 BEE RIDGE ROAD SARASOTA, FL 34239 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | NAME ADAMS, JEREMY H | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5852 FAIRWOODS CIRCLE | CITY-ST-ZIP SARASOTA, FL 34243 | 543 Oak Bay Drive OSPREY, FL 34229 | |
| TITLE VPS | NAME ADAMS, PRISCILLA L | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5852 FAIRWOODS CIRCLE | CITY-ST-ZIP SARASOTA, FL 34243 | 543 Oak Bay Drive OSPREY, FL 34229 | |
| TITLE T | NAME CHIRTEL, JOSEPH S | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 112 WOODLAND PLACE | CITY-ST-ZIP OSPREY, FL 34229 | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 all other like empowered. | | | |
| SIGNATURE:  | | 02/17/05 925-2400 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

50018363



02102005 Chg-P CR2E034 (10/03)