

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 028 \*\*\*158.75

DOCUMENT # P04000043729

1. Entity Name

JIM APPLEMAN, P.A.



Principal Place of Business

2211 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

Mailing Address

2211 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408



2. Principal Place of Business - No P.O. Box #

436 McKenzie Ave

3. Mailing Address

P.O. Box 27664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

56-2452703

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

Zip

32401

Country

USA

Zip

32411

Country

USA

6. Name and Address of Current Registered Agent

APPLEMAN, JIM  
2211 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

Jim Appleman

Street Address (P.O. Box Number is Not Acceptable)

436 McKenzie Ave

City

Panama City

FL

Zip Code

32401

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME APPLEMAN, JIM  
STREET ADDRESS 2211 THOMAS DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE T  
NAME APPLEMAN, JIM  
STREET ADDRESS 2211 THOMAS DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE T  
NAME APPLEMAN, JIM  
STREET ADDRESS 2211 THOMAS DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Appleman, Jim ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 436 McKenzie Ave  
CITY-ST-ZIP Panama City FL 32401

TITLE T Appleman, Jim ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 436 McKenzie Ave  
CITY-ST-ZIP Panama City FL 32401

TITLE T Appleman, Jim ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 436 McKenzie Ave  
CITY-ST-ZIP Panama City FL 32401

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

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

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 exemptions contained in Section 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:

Jim Appleman

Feb 6, 2007 850 230-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #