
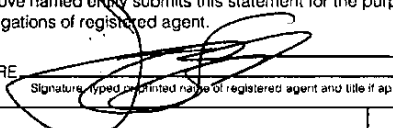



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90025 015 \*\*\*158.75

DOCUMENT # P04000043729					
1. Entity Name <b>JIM APPLEMAN, P.A.</b>					
Principal Place of Business <b>436 MCKENZIE AVE PANAMA CITY, FL 32401</b>			Mailing Address <b>PO BOX 27664 PANAMA CITY, FL 32411</b>		
2. Principal Place of Business - No P.O. Box # <b>405 W OAK AVE</b>		3. Mailing Address <b>P.O. Box 27614</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PANAMA CITY FL</b>		City & State <b>PANAMA CITY FL</b>			
Zip <b>32401</b>		Country <b>USA</b>		Zip <b>32411</b>	
Country <b>USA</b>		4. FEI Number <b>56-2452703</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>APPLEMAN, JIM 436 MCKENZIE AVE PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name <b>Jim Appleman</b> Street Address (P.O. Box Number is not Acceptable) <b>405 W. OAK AVE</b> City <b>PANAMA CITY</b> FL Zip Code <b>32401</b>		
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) <b>Feb 13, 2008</b> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APPLEMAN, JIM 436 MCKENZIE AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Jim Appleman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>405 W. OAK AVE PANAMA CITY, FL 32401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APPLEMAN, JIM 436 MCKENZIE AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jim Appleman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>405 W. OAK AVE PANAMA CITY, FL 32401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APPLEMAN, JIM 436 MCKENZIE AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jim Appleman</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>405 W. OAK AVE PANAMA CITY, FL 32401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: 			02/13/08 850.230.5550 Date Daytime Phone #		