

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-30-2005 90038 006 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/30/21

DOCUMENT # P04000068109			
1. Entity Name APIAN STING OPERATION OF FLORIDA, INC			
Principal Place of Business 10867 COUNTRY HAVEN DR. LAKELAND, FL 33809		Mailing Address 10867 COUNTRY HAVEN DR. LAKELAND, FL 33809	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEA Number 80-0108503		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARKINS, WM. R 5620 US HWY. 98 NORTH, SUITE B LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name Professional Tax Consultants Street Address (P.O. Box Number is Not Acceptable) 118 Ave E SW City Winter Haven FL 33884	
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  DATE 4-14-2005			
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	☐ Delete D MILLS, DELORES D 10867 COUNTRY HAVEN DR. LAKELAND, FL 33809	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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.			
SIGNATURE: Delores D. Mills - Delores D. Mills <i>President</i>		Date 03-01-05 863 299 8907	