


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000075493 1. Entity Name APOWCO, INC.		
Principal Place of Business POST OFFICE BOX 790 LAND O' LAKES, FL 34639	Mailing Address POST OFFICE BOX 790 LAND O' LAKES, FL 34639	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EPPERSON, JOEL R 8401 J.R. MANN SUITE 100 TAMPA, FL 33634		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, KATHY POST OFFICE BOX 790 LAND O' LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 all other like empowered.		
SIGNATURE: <u>Kathy M. Powell</u> <u>Kathy M. Powell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>01/27/2006</u> <u>352 544 1255</u> <small>Date Daytime Phone #</small>



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1630020

Applied For
Not Applicable

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

U000000415389
02/11/06-80078-020 150.00

**DO NOT WRITE
IN THIS SPACE**