


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90155 020 ***150.00

DOCUMENT # P04000139010 1. Entity Name WINNIE APPERSON, P.A.					
Principal Place of Business 540 JUNG BLVD. WEST NAPLES, FL 34120			Mailing Address 540 JUNG BLVD. WEST NAPLES, FL 34120		
2. Principal Place of Business 540 Jung Blvd W. Suite, Apt. #, etc.		3. Mailing Address 540 Jung Blvd W. Suite, Apt. #, etc.			
City & State Naples, Fl. Zip Country		City & State Naples, Fl Zip Country		4. FEI Number 02-0731912 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AUSTIN, ARLENE F 5811 PELICAN BAY BLVD. SUITE 201 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Winnie Apperson PA Street Address (P.O. Box Number is Not Acceptable) 540 Jung Blvd W. City Naples FL Zip Code 34120		
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 Winnie Apperson PA DATE 4/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D APPERSON, WINNIE 540 JUNG BLVD. WEST NAPLES, FL 34120 <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	
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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)(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 another like empowered.					
SIGNATURE: Winnie Apperson PA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/1/05 Daytime Phone # 235-398-3363		