


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 036 ***150.00

DOCUMENT # P04000151268	
1. Entity Name V APARTMENT SOLUTIONS, INC.	

Principal Place of Business P.O. BOX 1219 BRADENTON, FL 34206	Mailing Address P.O. BOX 1219 BRADENTON, FL 34206
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40106665



2. Principal Place of Business - No P.O. Box # 3712 101 AVE E Suite, Apt. #, etc.	3. Mailing Address PO Box 1219 Suite, Apt. #, etc.
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04122007 Chg-P CR2E034 (12/06)

City & State Parrish FL	City & State Bradenton FL
Zip 34219	Zip 34206
Country USA	Country USA

4. FEI Number 58-2684852	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELLIS VALENTINE 3114 KING BLVD SARASOTA, FL 34234 <i>3712 101 AVE E Parrish FL 34219</i>	
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7. Name and Address of New Registered Agent Name <i>Valentine Ellis</i> Street Address (P.O. Box Number is Not Acceptable) <i>3712 101 Ave E</i> City <i>Parrish</i> FL Zip Code <i>34219</i>	
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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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS VALENTINE 3114 KING BLVD SARASOTA, FL 34234 <i>Please Note Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS VALENTINE 3712 101 AVE E Parrish FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Valentine Ellis* 4/26/07 941-705-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #