2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

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DOCUMENT # P05000073729 1. Entity Name APLES TRUCKING & REPAIR, INC.						40000	05-05-2008	90226 00)9 ***15(0.00
Principal Place of Business 17354 LAWN OR ORCHID LOOP LAND O LAKE, FL 34638 US			Mailing Address 17354 LAWN OR ORCHID LOOP LAND O LAKE, FL 34638 US			\$ 70.				
2. Principal Pi	lace of Busine	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State		4. FEI Number 20-2883	4. FEI Number Applied For 20-2883936 Not Applicable					
Zip	Zip Country		Zip		Country		f Status Desired		8.75 Add	itional
	6. Name	and Address of Curren	t Registered Agen	t		7. Name and A	ddress of New	Registered A	cent	
DECMUM					emal4.					
PREMIUM TAX SERVICES 13205 SW 137TH AVE SUITE 203				Street Address		oss (P.O. Box Number	is Not Acceptab	la)		
MIAMI, FL										
					City			FL	Zip Code	Э
	named entity	submits this statement l	for the purpose of c	hanging its regis	stered office or reg	istered agent, or both	, in the State of F	lorida. I am f	amiliar with,	and accept
and stangen	or or or or or	or are england.								
SIGNATURE_	Signature, typed i	or printed marne of registered age	nt and title if applicable	(NOTE Regi	istered Agent skinature red	quired when reinstating)	***************************************	DATE	, , , , , , , , , , , , , , , , , , ,	-1-1
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12. Thereby 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/08 (813) 792 -