

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089984

FILED
Apr 21, 2006
Secretary of State

Entity Name: APOSTLE CLOTHING COMPANY, INC.

Current Principal Place of Business:

460 WINDTAMER WAY
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

460 WINDTAMER WAY
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-3122836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
3490 N US HWY 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUATTROCCI, FRANK
Address: 460 WINDTAMER WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: QUATTROCCI, FRANCES
Address: 460 WINDTAMER WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: QUATTROCCI, JOSEPH
Address: 460 WINDTAMER WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: BUCHANAN, JAMES M
Address: 460 WINDTAMER WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: QUATTROCCI, FRANCINE
Address: 460 WINDTAMER WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: QUATTROCCI, DANIEL
Address: 460 WINDTAMER WAY
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BUCHANAN

D

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date