

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90468 001 \*\*\*158.75

DOCUMENT # P05000106021

1. Entity Name  
APPLE TREE HOLSAPPLE'S LEARNING CENTER, INC.



Principal Place of Business  
301 CENTRAL AVE  
CRESCENT CITY, FL 32112

Mailing Address  
301 CENTRAL AVE  
CRESCENT CITY, FL 32112

60032500



2. Principal Place of Business  
158 LAKE ST.

3. Mailing Address  
P.O. Box 59

04272006 Chg-P CR2E034 (11/05)

City & State  
POMONA PARK FL  
Zip 32181 County PUTNAM

City & State  
POMONA PARK FL  
Zip 32181 County PUTNAM

4. FEI Number  
203196973  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HOLSAPPLE, GERALD W  
158 LAKE STREET  
POMONA PARK, FL 32181

## 7. Name and Address of New Registered Agent

Name LINDA M. HOLSAPPLE  
Street Address (P.O. Box Number is Not Acceptable)  
158 LAKE ST. P.O. Box 59  
City POMONA PARK FL Zip Code 32181

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 Linda M. Holsapple Registered Agent  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME HOLSAPPLE, GERALD W  
STREET ADDRESS PO BOX 59  
CITY-ST-ZIP POMONA PARK, FL 321810059 ☐ Delete

TITLE ST  
NAME HOLSAPPLE, LINDA M  
STREET ADDRESS PO BOX 59  
CITY-ST-ZIP POMONA PARK, FL 321810059 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Treasurer  
NAME William W. Holsapple  
STREET ADDRESS 203 LAKE ST. P.O. Box 629  
CITY-ST-ZIP POMONA PARK, FL 32181 ☒ Change ☒ Addition

TITLE Vice President/Secretary  
NAME Gerald W. Holsapple  
STREET ADDRESS 158 LAKE ST. P.O. Box 59  
CITY-ST-ZIP POMONA PARK, FL 32181 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Linda M. Holsapple  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2006  
Date

386-649-9800  
Daytime Phone #