

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90093 017 ***150.00

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1. Entity Name
APPLE TREE INVESTMENTS, INC.



Principal Place of Business
158 LAKE ST
POMONA PARK, FL 32181

Mailing Address
POB 59
POMONA PARK, FL 32181

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142007 Chg-P CR2E034 (12/06)

4. FEI Number

20-3196973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLSAPPLE, LINDA M.
158 LAKE ST POB 59
POMONA PARK, FL 32181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE VPS ☒ Delete
NAME HOLSAPPLE, GERALD W
STREET ADDRESS 158 LAKE ST POB 59
CITY-ST-ZIP POMONA PARK, FL 32181

TITLE PT ☒ Delete
NAME HOLSAPPLE, WILLIAM W
STREET ADDRESS 203 LAKE ST POB 629
CITY-ST-ZIP POMONA PARK, FL 32181

TITLE T/S ☐ Delete
NAME HOLSAPPLE, LINDA
STREET ADDRESS 158 LAKE ST PO Box 59
CITY-ST-ZIP POMONA PARK FL 32181

TITLE VP ☐ Delete
NAME HOLSAPPLE, WILLIAM W
STREET ADDRESS 203 LAKE ST PO Box 629
CITY-ST-ZIP POMONA PARK FL 32181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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* LINDA M. Holsapple 1-18-07 386-649-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #