

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000106021

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 #

~~407597 Hwy 60W~~

3. Mailing Address

P.O. Box 653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARION KY

City & State

MARION KY

Zip

42064

Country

USA

Zip

42064

Country

USA

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 William W. Holsapple

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

101 Posey Ave

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 William W. Holsapple
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLSAPPLE, GERALD W PO BOX 59 POMONA PARK, FL 321810059	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald W. Holsapple <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4096 SR 838 W SALEM KY 42077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HOLSAPPLE, LINDA 158 LAKE STREET P.O. BOX 59 POMONA PARK FL, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda M Holsapple <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4096 SR 838 W SALEM KY 42077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLSAPPLE, WILLIAM W 203 LAKE STREET P.O. BOX 59 POMONA PARK, FL 32181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William W Holsapple <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Posey Ave Pomona Park FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Linda M. Holsapple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

270-988-2528

Date

Daytime Phone #



**FILED
May 02, 2008 8:00 am
Secretary of State**

05-02-2008 90146 042 ***158.75