

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90146 042 \*\*\*158.75

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 #

401597 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

04152008

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 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

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

TITLE TS  
NAME HOLSAPPLE, LINDA  
STREET ADDRESS 158 LAKE STREET P.O. BOX 59  
CITY-ST-ZIP POMONA PARK FL, FL 33181 ☐ Delete

TITLE VP  
NAME HOLSAPPLE, WILLIAM W  
STREET ADDRESS 203 LAKE STREET P.O. BOX 59  
CITY-ST-ZIP POMONA PARK, FL 32181 ☐ 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 Gerald W. Holsapple ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4096 SR 838 W  
CITY-ST-ZIP Salem Ky 42077

TITLE Linda M Holsapple ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4096 SR 838 W  
CITY-ST-ZIP Salem Ky 42077

TITLE William W Holsapple ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 101 Posey Ave  
CITY-ST-ZIP Pomona Park FL 32181

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

4/28/08

Date

270-988-2528

Daytime Phone #