

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90197 036 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |         |                                                                                                                                       |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000077020</b><br>1. Entity Name<br><b>MICHAEL APGAR INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |         |                                                                                                                                       |                                                                                                                                                      |  |
| Principal Place of Business<br><b>14159 OLD CRYSTAL RIVER ROAD<br/>BROOKSVILLE FL 34601<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |         | Mailing Address<br><b>14159 OLD CRYSTAL RIVER ROAD<br/>BROOKSVILLE FL 34601<br/>US</b>                                                |                                                                                                                                                                                                                                       |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | Country |                                                                                                                                       | 4. FEI Number<br><b>41-2245608</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |         |                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>APGAR, MICHAEL R<br/>14159 OLD CRYSTAL RIVER ROAD<br/>BROOKSVILLE FL 34601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |         |                                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| B. 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 _____ DATE _____<br><small>(Signature typed or printed name of registered agent and date of filing) (NOTE: Registered Agent signature required when changing agent)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |         |                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |         | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>APGAR, MICHAEL R<br>14159 OLD CRYSTAL RIVER ROAD<br>BROOKSVILLE FL 34601 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | <input type="checkbox"/> Delete                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |                                                                               |         |                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |         | <div style="text-align: right;"> <b>4-29-08</b> <b>352-848-1186</b><br/> <small>Date</small> <small>Corporate Filing #</small> </div> |                                                                                                                                                                                                                                       |  |