2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # P93000031749 1. Entity Name RICHARD APPELBAUM & ASSOCIATES, INCORPORATED Mailing Address Principal Place of Business 18412 KEYSTONE GROVE BLVD. P O BO X99 ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Aprt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3180777 Not Applicable Ζıρ Ζφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name APPELBAUM, RICHARD Street Address (P.O. Box Number is Not Acceptable) 18412 KEYSTONE GROVE BOULEVARD ODESSA FL 33556 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Significate, typed or profed name of registered meant and the discretication fNOTE Registered Agent aignoturn required whon roinisturigt DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE De'ete TITLE ☐ Change ☐ Addition NAME APPELBAUM, RICHARD NAME 11000000805352 STREET ADDRESS 18412 KEYSTONE GROVE BLVD. STREET ADDRESS 02/05/08-80105-021 150.00 CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITLE ☐ De ete ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE ☐ Delete fITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental about 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 ecology 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 an other like empowered.

CITY-ST-ZIP

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SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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