

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000035924

1. Entity Name  
APPLEBY FINANCE COMPANY



Principal Place of Business  
700 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304

Mailing Address  
700 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304

FILED

04 MAY 10 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0410484

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APPLEBY, A. EDWARD  
700 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304

DO NOT WRITE  
IN THIS SPACE

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME APPLEBY, A. EDWARD  
STREET ADDRESS 4230 NORTH FEDERAL HIGHWAY 700-900 E. Sunrise Blvd  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 Ft. Lauderdale, FL

TITLE D  
NAME APPLEBY, LINDA K.  
STREET ADDRESS 4230 NORTH FEDERAL HIGHWAY 700-900 E. Sunrise Blvd  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 Ft. Lauderdale, FL

TITLE VD  
NAME KING, CLAY W  
STREET ADDRESS 700-900 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE VTS  
NAME FRANCIS, KIRK J  
STREET ADDRESS 700-900 EAST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800037295328  
05/25/04--01057--029 \*\*158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Kirk J Francis VP 4/6/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #