2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030532

City-St-Zip:

Entity Name: THE APPLE HOUSE, INC.

FILED Mar 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 422 PLEASANT ST 422 PLEASANT ST P.O. BOX 49 POMONA PARK, FL 32181 POMONA PARK, **New Mailing Address: Current Mailing Address:** P.O. BOX 49, 422 PLEASANT ST P.O. BOX 49 POMONA PÁRK, FL 32181 POMONA PARK, FL 32181 US FEI Number: 59-3255140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLSAAPPLE, LINDA M 422 PLEASANT ST. POMONA PARK, FL 32181 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HOLSAPPLE, LINDA M Name: Name: PO BOX 49 158 LAKE ST Address: Address: City-St-Zip: POMONA PARK, FL 32181 City-St-Zip: Title: () Delete Title: () Change () Addition HOLSAPPLE, GERALD W Name: Name: PO BOX 49 158 LAKE ST Address: Address: POMONA PARK, FL 32181

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. HOLSAPPLE PD 03/08/2004