


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90552 036 ***150.00

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|---|--|---|--|---|---|
| DOCUMENT # P94000034337 1. Entity Name APALACHICOLA MORTGAGE, INC. | | | |  | |
| Principal Place of Business 183 AVENUE E APALACHICOLA, FL 32320 | | | Mailing Address P.O. BOX 189 APALACHICOLA, FL 32329 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3239461 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HORAN, JOHN W 1500 S. OLIVE AVE. WEST PALM BEACH, FL 33401 | | | 7. Name and Address of New Registered Agent Name JOAN E. STANTON Street Address (P.O. Box Number is Not Acceptable) 183 Avenue E City APALACHICOLA FL Zip Code 32320 | | |
| 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 <u><i>Joan E. Stanton</i></u> P/T/S/D 4-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HORAN, JOHN W 1531 N. FEDERAL HWY LAKE WORTH, FL 33460 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V D JOHN W HORAN 1531 N Federal Hwy LAKE WORTH, FL 33460 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD JOAN E. STANTON 183 AVENUE E APALACHICOLA, FL 32320 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u><i>Joan E. Stanton</i></u> P/T/S 4-29-05 653-2523 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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04292005 Chg-P CR2E034 (10/03)

Zip Code 32320

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