


2006 FLEET PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000053091	
1. Entity Name APARTMENTS UNLIMITED INC.	

Principal Place of Business 1912 ARROWHEAD LN NE ST. PETERSBURG, FL 33703	Mailing Address 1912 ARROWHEAD LN NE ST. PETERSBURG, FL 33703
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04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3327777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, OSCAR B 1912 ARROWHEAD DR NE ST. PETERSBURG, FL 33703
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**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FRIEDMAN, OSCAR B 1912 ARROWHEAD DR NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BALES, SUSAN 1912 ARROWHEAD DR NE ST. PETERSBURG, FL 33703
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04/29/06-80099-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 727-641-5700
Date Daytime Phone #