

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90187 009 ***150.00

DOCUMENT # P94000066515 <small>1. Entity Name</small>			
ADVANCED PROCESSOR DEVELOPMENT CORP.			
<small>Principal Place of Business</small> 1333 Gateway Drive Suite 1017 Melbourne, FL 32901		<small>Mailing Address</small> 1333 Gateway Drive Suite 1017 Melbourne, FL 32901	
<small>2. Principal Place of Business</small> Su _____ 3355 Guava Street Cit Cocoa, FL 32926 Zip _____ Country _____		<small>3. Mailing Address</small> Suil _____ 3355 Guava Street City Cocoa, FL 32926 Zip _____ Country _____	
<small>4. FEI Number</small> 59-3270161		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<small>\$8:75 Additional Fee Required</small>	
<small>6. Name and Address of Current Registered Agent</small> Iacoponi, Michael 111 Cypress Brook Circle Apt 801 Melbourne, FL 32901		<small>7. Name and Address of New Registered Agent</small> Iacoponi, Michael 3355 Guava Street Cocoa, FL 32926 <div style="text-align: right;"> FL Zip Code _____ </div>	
<small>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.</small>			
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<small>10. OFFICERS AND DIRECTORS</small>		<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DPTS <input type="checkbox"/> Delete Iacoponi, Michael 111 Cypress Brook Cir Apt 801 Melbourne, FL 32901	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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: *[Signature]* **president** **may 1 2004 321 728-4503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone)