


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90465 005 ***150.00

DOCUMENT # P96000015772 1. Entity Name APOGEE COMPUTER ENGINEERING, INC.			
Principal Place of Business 133 N CORY DR EDGEWATER, FL 32141		Mailing Address 133 N CORY DR EDGEWATER, FL 32141	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 511 Suite, Apt. #, etc.	
City & State EDGEWATER, FL		City & State EDGEWATER, FL	
Zip 32132	Country USA	4. FEI Number 59-3363098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RICHARD M 133 N CORY DR EDGEWATER, FL 32141		7. Name and Address of New Registered Agent Name RICHARD M. SMITH Street Address (P.O. Box Number is Not Acceptable) 2526 ORANGE TREE City EDGEWATER FL Zip Code 32141	
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 _____ <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, 2004 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 SMITH, RICHARD M 133 N CORY DR EDGEWATER, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RICHARD M. 2526 ORANGE TREE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, LINDARD D 133 N CORY DR EDGEWATER, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, LINDA D. 2526 ORANGE TREE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Linda D. Smith</i> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		Date 4/20/04 Daytime Phone # 386-316-3222	