

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90003 001 ***150.00

DOCUMENT # P96000015772

1. Entity Name
APOGEE COMPUTER ENGINEERING, INC.



Principal Place of Business
**2526 ORANGE TREE
EDGEWATER, FL 32141**

Mailing Address
**P.O. BOX 511
EDGEWATER, FL 33132**

60014330



2. Principal Place of Business

3. Mailing Address

411 WALNUT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2789

01302006

Chg-P

CR2E034 (11/05)

City & State

City & State

GREEN COVE SPRINGS, FL

4. FEI Number

59-3363098

Applied For

Not Applicable

Zip

Country

Zip

32043

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, RICHARD M
2526 ORANGE TREE
EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, RICHARD M
2526 ORANGE TREE
EDGEWATER, FL 32141**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SMITH, LINDARD D
2526 ORANGE TREE
EDGEWATER, FL 32141**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 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:

Linda D. Smith **LINDA D. SMITH**

1/31/06

386-690-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #