

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000033347

1. Entity Name
APOLLO FINANCIAL & CONSULTING, INC.



Principal Place of Business
2431 DINNEEN AVENUE
ORLANDO, FL 32804 US

Mailing Address
2431 DINNEEN AVENUE
ORLANDO, FL 32804 US

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3387614	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

RAILEY, LILBURN R III
20 NORTH EOLA DRIVE
ORLANDO, FL 32801

**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

000000955485
07/17/08-80007-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUMMETT, MARY ELIZABETH
STREET ADDRESS	8601 FAIRWAY BEND DRIVE
CITY-STATE-ZIP	FT MYERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 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:

Mary E. Brummett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08
Date

239-267-5088
Daytime Phone #