

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90041 005 \*\*\*158.75



**DOCUMENT # P96000071398**  
 1. Entity Name  
**GOOD APPLE DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address  
**1850 SOUTHWEST 20TH PLACE**      **1850 SOUTHWEST 20TH PLACE**  
**OCALA, FL 34474 US**      **OCALA, FL 34474 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2801 SW College Rd**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT 5**  
 City & State      City & State  
**Ocala FL**  
 Zip      Country      Zip      Country  
**34474**      **MATION**

05072007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3399706**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUTAPFEL, JEFFERY W**  
**997 NORTHWEST 63RD COURT**  
**OCALA, FL 34482**

7. Name and Address of New Registered Agent  
 Name      **SAME**  
 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: *Jeffery W Gutapfel*      DATE: **5-7-2007**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP MEFFORD, DONNA 1850 SOUTHWEST 20TH PLACE OCALA, FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Treasurer Sec Jeff Gutapfel 997 NW 63rd Ct Ocala FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Jeffery W Gutapfel*      DATE: **5-7-2007**      DAYTIME PHONE #: **352-694-5006**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #