

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000071761	
1. Entity Name AAPT, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:17

Principal Place of Business 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714	Mailing Address 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3400507	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, THAKOR M
4990 - 34TH STREET NORTH
ST. PETERSBURG, FL 33714

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, THAKOR M 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATEL, PRATIBHALATA T 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714
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03/08/05--01008--023 **150.00

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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]* 2.17.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____