

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000026916**

1. Entity Name  
**APPLIED MANAGEMENT CORPORATION**



Principal Place of Business

**2770 N.W. 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606**

Mailing Address

**2770 N.W. 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606**

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2413268**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIELBY, LORENCE JON  
GREENBERG, TRAUIG, HOFFMAN, LIPOFF, ET AL  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301**

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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

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MODZELEWSKI, EDWARD
STREET ADDRESS	2770 N.W. 43RD STREET, SUITE B
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	SCHANZE, THOMAS
STREET ADDRESS	2770 N.W. 43RD STREET, SUITE B
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	P
NAME	PETRELLA, DAWN G
STREET ADDRESS	10216SW 41 AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000319883  
04/21/05-80015-025 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/05 352-375-8700**

Date Daytime Phone #