

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 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**



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3433431**

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**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000685278  
04/06/07-80085-025 150.00**

**10. OFFICERS AND DIRECTORS**

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

*Dawn G Petrella*

*Dawn G Petrella*

*President*

*352-375-8700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #