

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90073 009 ***150.00

DOCUMENT # P97000099085					
1. Entity Name ADVANCED PROJECT MANAGEMENT GROUP, INC.					
Principal Place of Business 2161 S.E. 7TH TERRACE 888 Rose Ct. OCALA, FL 34471 Marco Island, FL 34145			Mailing Address 2161 S.E. 7TH TERRACE 888 Rose Ct. OCALA, FL 34471 Marco Island, FL 34145		
2. Principal Place of Business 888 Rose Court Suite, Apt. #, etc.		3. Mailing Address 888 Rose Court Suite, Apt. #, etc.			
City & State Marco Island, Florida		City & State Marco Island, Florida		4. FEI Number 59-3489908	
Zip 34145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BULLARD, J. WARREN 121 N.W. THIRD STREET OCALA, FL 34475			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>Todd E. Schneider</u> <u>V.P.</u> 1/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME SCHNEIDER, TODD E		TITLE D	NAME Schneider, Todd E.	
STREET ADDRESS 2161 S.E. 7TH TERRACE	888 Rose Court		STREET ADDRESS 888 Rose Court	Marco Island, Florida 34145	
CITY-ST-ZIP OCALA, FL 34471	Marco Island, FL 34145		CITY-ST-ZIP Marco Island, Florida 34145		
TITLE D	NAME GUVENC, MUSTAFA		TITLE D	NAME Mustafa Guvenc	
STREET ADDRESS 28601 VIA REGGIO	LAGUNA NIGUEL, CA 92677		STREET ADDRESS 2116 Colina DEL Arco Iris	San Clemente, CA 92673	
CITY-ST-ZIP LAGUNA NIGUEL, CA 92677			CITY-ST-ZIP San Clemente, CA 92673		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Todd E. Schneider</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Todd E. Schneider			1/15/04 239-394-4200		
DATE			DAYTIME PHONE #		