


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90043 003 \*\*\*150.00

**DOCUMENT # P98000062078**

1. Entity Name  
 APARTMENT LOCATORS, INC.



Principal Place of Business  
 11626 NORTH DALE MABRY HWY  
 TAMPA, FL 33618

Mailing Address  
 11626 NORTH DALE MABRY HWY  
 TAMPA, FL 33618

**DO NOT WRITE IN THIS SPACE**



08292007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3533974

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

RILLING, CAROLYN  
 11626 NORTH DALE MABRY HWY  
 TAMPA, FL 33618

**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 Carolyn Rilling DATE 8-29-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILLING, CAROLYN 11626 NORTH DALE MABRY HWY TAMPA, FL 33618
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**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: Carolyn Rilling DATE 8-29-07

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

ATTACHMENT

40131248

# P98000062078



11626 N. Dale Mabry Hwy  
Tampa, FL 33618  
813.908.8555 office  
813.908.1755 fax

August 29, 2007

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

To Whom It May Concern;

We are sending you our annual report filing for \$150.00. We did not have prior notification of the \$400.00 fee. Per your recording at the 850-245-6056 number, this is our notification in writing.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Rilling".

Carolyn Rilling  
President & Registered Agent

CR/d