

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90101 004 \*\*\*150.00

**DOCUMENT # P98000064739**

1. Entity Name  
**AP MILITARY GROUP, INC.**



Principal Place of Business  
**13005 BUOY COURT  
HUDSON, FL 34667 US**

Mailing Address  
**1212 LITTLE RD  
PMB 332  
HUDSON, FL 34667 US**

**50033997**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2115674**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MC MENEMY, THOMAS J  
12033 ALTOONA AVE  
HUDSON, FL 34667**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MC MENEMY, THOMAS J</b>		NAME	
STREET ADDRESS <b>12121 LITTLE ROAD PMB 332</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MC MENEMY, ANGELA</b>		NAME	
STREET ADDRESS <b>12121 LITTLE ROAD PMB 332</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, KRISTIN M</b>		NAME	
STREET ADDRESS <b>12121 LITTLE ROAD PMB 332</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, JUSTIN W</b>		NAME	
STREET ADDRESS <b>12121 LITTLE RD PMB</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* **3/31/05** **127-863-3578**

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