

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 021 ***150.00

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1. Entity Name
FLORIDA AP, INC.

Principal Place of Business
17 W. CEDAR ST.
STE 2
PENSACOLA, FL 32501

Mailing Address
P.O. BOX 940
GULF BREEZE, FL 32562

54067430



2. Principal Place of Business
2800 Delano St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03042003 Chg-P CR2E034 (10/03)

City & State
Pensacola FL

City & State

4. FEI Number
59-3552644

Applied For
Not Applicable

Zip
32505

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

BRANNEN, DAVID A
401 E. CHASE STREET STE. 105
PENSACOLA, FL, 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O.-Box Number is Not Acceptable)

2800 Delano St.

City Pensacola

FL

Zip Code 32505

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 David A Brannen, Pres 5/10/04
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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRANNEN, DAVID A
STREET ADDRESS P.O. BOX 940
CITY-ST-ZIP GULF BREEZE, FL 32562

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 David A Brannen, Pres 5/10/04 850-434-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #