


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000000873	
1. Entity Name APPLE DEVELOPMENT CORPORATION	



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3553040	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

RICHARDS, STANLEY V
2033 TRADE CENTER WAY
NAPLES, FL 34109

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000121782
04/21/04-80002-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	RICHARDS, STANLEY V
STREET ADDRESS	2033 TRADE CENTER WAY
CITY - ST - ZIP	NAPLES, FL 34109

TITLE	V
NAME	RICHARDS, JEROLEE N
STREET ADDRESS	2033 TRADE CENTER WAY
CITY - ST - ZIP	NAPLES, FL 34109

TITLE	V
NAME	RICHARDS, JONATHAN B
STREET ADDRESS	2033 TRADE CENTER WAY
CITY - ST - ZIP	NAPLES, FL 34109

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/16/04 **239-598-1274**
Date Daytime Phone #