2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90028 003 ***150.00

DOCUMENT # P99000010452

1. Entity Name
APARTMENTS APLENTY, INC.

Principal Place of Business	Mailing Address
8802 ROCKY CREEK DR. SUITE 108 TAMPA, FL 33615	11266 W. HILLSBOROUGH AVE., SU. 289 TAMPA, FL 33635

03212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5915 Memorial Hwy.	Same
Suite, Apt. #, etc.: Suite O	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33615 Country: USA	Zip Country

4. FEI Number: 59-3559527 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRIGAN, THOMAS J CPA
11282 W. HILLSBOROUGH AVE
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name: Carrigan, Thomas J CPA
Street Address (P.O. Box Number is Not Acceptable): 3910 Northdale Blvd, Ste 100
City: Tampa FL Zip Code: 33624

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: Phyllis Davis DATE: 3-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, PHYLLIS	NAME	
STREET ADDRESS	13202 ROYAL GEORGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Phyllis Davis 3-22-05 813-881-9716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #