

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 031 ***150.00

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1. Entity Name

APF INDUSTRIES, INC.



Principal Place of Business

13131 93RD ST., NORTH
LARGO, FL 33773

Mailing Address

13131 93RD ST., NORTH
LARGO, FL 33773

DO NOT WRITE IN THIS SPACE



04202004

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4. FEI Number

59-3560686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 00000000
0000000000

6. Name and Address of Current Registered Agent

WOFFORD, JOHN R.
13131 93RD ST., NORTH
LARGO, FL 33773

**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

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~D
EDELMAN, ROGER L
8892 PINEHURST DR
SEMINOLE, FL 33777~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Wofford, John R
6861 81st Ave North
Pinellas Park FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4/26/04

727-518-6348