FILED
Apr 23, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000086921

1. Entity Name
APPLIED PHOTONICS, INC.

Principal Place of Business	Mailing Address
12565 RESEARCH PKWY., SUITE 300 ORLANDO, FL 32826	7432 E TIERRA BUENA LANE STE 101 SCOTTSDALE, AZ 85260

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3603071

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHONG, STEPHEN C.L.
801 N MAGNOLIA AVE STE 201
PO BOX 2967
ORLANDO, FL 32802

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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 _____ DATE
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, 2004 Fee will be $550.00

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

U00000127689
04/26/04-80008-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOEKSTRA, BRIAN L
STREET ADDRESS	12565 RESEARCH PKWY., SUITE 300
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	D
NAME	WEGERIF, DANIEL
STREET ADDRESS	4075 OLD SETTLEMENT RD.
CITY-ST-ZIP	MERRITT ISLAND, FL 33952
TITLE	D
NAME	FLANNIGAN, ROGER
STREET ADDRESS	16220 N. 7TH ST., #1412UITE 300
CITY-ST-ZIP	PHOENIX, AZ 85022
TITLE	D
NAME	HWANG, KELL
STREET ADDRESS	12 F-1 NO 356 SECTION 5, NANKING E RD
CITY-ST-ZIP	TAIPEI, TAIWAN, R.O.C.,
TITLE	D
NAME	DIPPOLD, OTTMAR
STREET ADDRESS	1177 N HWY A1A #501
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Brian L Hoekstra 4/19/04 (480)239-8712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #