

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G00341

**Entity Name:** APPLIED CONCEPTS INCORPORATED

**Current Principal Place of Business:**

45 SKYLINE DR  
STE 1001  
LAKE MARY, FL 32746

**Current Mailing Address:**

45 SKYLINE DR  
STE 1001  
LAKE MARY, FL 32746

**FEI Number:** 59-2330231

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICHOLAS, SANDY  
219 SHADY OAKS CIRCLE  
LAKE MARY, FL 32746 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NICHOLAS, ALEXANDER  
Address        219 SHADY OAKS CIR.  
City-State-Zip: LAKE MARY FL 32746

Title            VP  
Name            NICHOLAS, SANDY  
Address        219 SHADY OAKS CIR.  
City-State-Zip: LAKE MARY FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALEXANDER NICHOLAS

**PRESIDENT**

**02/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date