2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059418

Entity Name: APEX REALTY OF FLORIDA, INC.

SNYDER (BURCH), LORRIE

13833 HOLLOW LOG CT.

JACKSONVILLE, FL 32224

Name:

Address: City-St-Zip: FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13833 HOLLOW LOG CT. JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** P.O. BOX 551508 JACKSONVILLE, FL 32255 FEI Number: 57-1178574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEEKIN, T.GEOFFREY ESQ ONE INDEPENDENT DRIVE, SUITE 2200 JACKSONVILLE, FL 32202 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RALSTON, NANCY G Name: Name: 105 ANNAPOLIS LN. Address: Address: City-St-Zip: POINTE VEDRE BEACH, FL 32082 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SPRIGGS, JAMES W III Name: 6789 SOUTHPOINT PARKWAY SUITE 200 Address: Address: JACKSONVILLE, FL 322168205 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LORRIE SNYDER V 04/21/2009