


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90007 050 \*\*\*550.00

<b>DOCUMENT # F02701</b> 1. Entity Name APEX ADJUSTMENT BUREAU, INC.					
Principal Place of Business 5701 STIRLING ROAD DAVIE, FL 33314-7431 US			Mailing Address 5701 STIRLING ROAD DAVIE, FL 33314-7431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05242005    Chg-P    CR2E034 (10/03)	
4. FEI Number 59-2029544				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUTTON, RANDY 5701 STIRLING ROAD DAVIE, FL 33314			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUTTON, RANDY 5701 STIRLING ROAD DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAIG EISENACHER 5701 STIRLING ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SCHAFANI, JAMES JR. 5701 STIRLING RD. DAVIE, FL 33314		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S HAMMOND, GREGORY 5701 STIRLING RD. DAVIE, FL 33314		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DEHEER, GEORGE 5701 STIRLING RD. DAVIE, FL 33314		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V NOONAN, SIMON 5701 STIRLING RD. DAVIE, FL 33314		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V BURTON, DOUGLAS 5701 STIRLING RD. DAVIE, FL 33314		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ✓ DOUGLAS BURTCH 5701 STIRLING ROAD DAVIE, FL 33314	
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: <u>Craig Eisenacher</u> 6/1/05      954-316-5192 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					