

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001133

Entity Name: APEX AIR SYSTEMS, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

5200 PINSON VALLEY PKWY BLDG 3
BIRMINGHAM, AL 35215

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1449
PINSON, AL 35126

New Mailing Address:

FEI Number: 63-1179210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: WHISENANT, BYRON A
Address: 4153 CENTER POINT RD., STE. 101
City-St-Zip: PINSON, AL 35126

Title: VP () Delete
Name: JONES, CHARLES S
Address: 4153 CENTER POINT RD., STE. 101
City-St-Zip: PINSON, AL 35126

Title: S () Delete
Name: FRANCIS, ROBERT J
Address: 4153 CENTER POINT RD., STE. 101
City-St-Zip: PINSON, AL 35126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHISENANT, BYRON A
Address: PO BOX 1449
City-St-Zip: PINSON, AL 35126

Title: VP (X) Change () Addition
Name: JONES, CHARLES S
Address: PO BOX 1449
City-St-Zip: PINSON, AL 35126

Title: S (X) Change () Addition
Name: FRANCIS, ROBERT J
Address: PO BOX 1449
City-St-Zip: PINSON, AL 35126

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ROBERT J FRANCIS

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02/16/2005

Electronic Signature of Signing Officer or Director

Date