

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004420

1. Entity Name
APEX CONTRACTING, INC.



Principal Place of Business
**1018 WES-LEE DRIVE
PARIS, KY 40361**

Mailing Address
**PO BOX 798
PARIS, KY 40362-0798**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0728559

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANNON, W. P.
1 N TUTTLE AVE
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000622514
02/13/07-80028-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	WHITNEY, FRANK D
STREET ADDRESS	252 EASTRIDGE DR
CITY- ST- ZIP	PARIS, KY 40361
TITLE	D
NAME	WHITNEY, FRANK D JR
STREET ADDRESS	252 EASTRIDGE DR
CITY- ST- ZIP	PARIS, KY 40361
TITLE	S
NAME	WHITNEY, CLARA S
STREET ADDRESS	252 EASTRIDGE DR
CITY- ST- ZIP	PARIS, KY 40361
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Frank D Whitney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 859 987 1637
Date Daytime Phone #