

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 014 ***158.75

DOCUMENT # F99000003210

1. Entity Name
APEX ELECTRIC INC., OF OHIO



Principal Place of Business
**368 PENNLINE ROAD
PIERPONT, OH 44082**

Mailing Address
**368 PENNLINE ROAD
PIERPONT, OH 44082**

14010187



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number

34-1891109

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELISHA AND KELLY DE LEON
3336 E PAULA LANE
INVERNESS, FL 34453**

7. Name and Address of New Registered Agent

Name **Elisha and Kelly DeLeon**

Street Address (P.O. Box Number is Not Acceptable)
610-7360 S.W. 198th Ave

City **Dunnellon**

FL

Zip Code
34431

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 *Elisha and Kelly DeLeon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANFORD, MARK L 344 PENNLINE RD PIERPONT, OH 44082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANFORD, EDITH M 344 PENNLINE RD PIERPONT, OH 44082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANFORD, SHALENE M 454 BAHIC ST CONNEAUT, OH 44030	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANFORD, MARK L JR 654 BALTIC ST CONNEAUT, OH 44030	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 440.599-9007

Date

Daytime Phone #