

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90098 044 \*\*\*150.00

<b>DOCUMENT # P02000109418</b> 1. Entry Name <b>APEX FLORIDA SALES, INC.</b>					
Principal Place of Business <b>18250 CLEAR LAKE DR LUTZ, FL 33548</b>			Mailing Address <b>18250 CLEAR LAKE DR LUTZ, FL 33548</b>		
2. Principal Place of Business - No P.O. Box # <b>21114 DIAMONTE DR</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>21114 DIAMONTE DR</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>LAND O' LAKES, FL</b> <small>Zip</small> <b>34637</b> <small>Country</small> <b>PASCO</b>		City & State <b>LAND O' LAKES, FL</b> <small>Zip</small> <b>34637</b> <small>Country</small> <b>PASCO</b>		4. FEI Number <b>42-1558507</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WELLHOFER, JEFFREY C 18250 CLEAR LAKE DR LUTZ, FL 33548</b>			7. Name and Address of New Registered Agent 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 (file if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE: <b>12-31-06</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WELLHOFER, JEFFREY C</b> <b>18250 CLEAR LAKE DR</b> <b>LUTZ, FL 33548</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <b>12/31/06</b> <b>813 9960279</b> <small>Daytime Phone #</small>		