

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-07-2005 90006 012 ***150.00
07-29-2005 90014 015 ***400.00

50058586



05192005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000035434					
1. Entity Name AAPEX ABSTRACT, RESEARCH & TITLE SERVICES, INC.					
Principal Place of Business 1112 WESTON ROAD #289 WESTON, FL 33326			Mailing Address 1112 WESTON ROAD #289 WESTON, FL 33326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1156904	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWERDLIN HEMPEL, STEPHANIE 2375 TALLAHASSEE WESTON, FL 33326			Name STEPHANIE L. SWERDLIN Street Address (P.O. Box Number is Not Acceptable) 2375 Tallahassee City WESTON FL Zip Code 33326		
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: Stephanie L. Swerdlin DATE: 7-2-05 Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature not valid when registering)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SWERDLIN HEMPEL, STEPHANIE 1112 WESTON ROAD #289 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STEPHANIE L. Swerdlin ☒ Change ☐ Addition 1112 WESTON RD #289 WESTON FL 33326		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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: Stephanie L. Swerdlin DATE: 7-2-05 (95A) 224-7107 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

STEPHANIE L. Swerdlin