

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000055919

1. Entity Name

APEX PAINTING & STAINING, INC.



FILED

2007 SEP 13 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1964 RESERVE BLVD  
GULF BREEZE FL 32563

Mailing Address

1964 RESERVE BLVD  
GULF BREEZE FL 32563

2. Principal Place of Business - No P.O. Box #

1633 Smuggler's Cove Circle  
Suite, Apt. #, etc.

3. Mailing Address

1633 Smuggler's Cove Circle  
Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

41-2167251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

2nd MOORE

CR2E034 (4/07)

6. Name and Address of Current Registered Agent

LONDRE', AMY  
1964 RESERVE BLVD  
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name Reno Londré

Street Address (P.O. Box Number is Not Acceptable)

1633 Smuggler's Cove Circle

City Gulf Breeze

FL

Zip Code 32563

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LONDRE', RENO ☒ Delete  
STREET ADDRESS 1964 RESERVE BLVD  
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE D  
NAME LONDRE', AMY MANAGER ☒ Delete  
STREET ADDRESS 1964 RESERVE BLVD  
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME LONDRE', RENO  
STREET ADDRESS 1633 Smuggler's Cove Circle  
CITY-ST-ZIP Gulf Breeze, FL 32563

TITLE D ☒ Change ☐ Addition  
NAME ~~Reno~~ LONDRE', Amy  
STREET ADDRESS 1633 Smuggler's Cove Circle  
CITY-ST-ZIP Gulf Breeze, FL 32563

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #