

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000063013

1. Entity Name  
APEX REAL ESTATE SERVICES, INC.



Principal Place of Business  
3180 NORTH KINGS HIGHWAY  
FORT PIERCE, FL 34951

Mailing Address  
P.O. BOX 593  
FORT PIERCE, FL 34954



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2781892

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CASSENS, STEVEN D  
3180 NORTH KINGS HIGHWAY  
FORT PIERCE, FL 34951

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

**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

U00000644624  
03/02/07-80052-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME CASSENS, STEVEN D  
STREET ADDRESS P.O. BOX 593  
CITY-ST-ZIP FORT PIERCE, FL 34954

TITLE VP  
NAME DICKSON, DANIEL W  
STREET ADDRESS P.O. BOX 593  
CITY-ST-ZIP FORT PIERCE, FL 34954

TITLE S  
NAME DICKSON, NANCY J  
STREET ADDRESS P.O. BOX 593  
CITY-ST-ZIP FORT PIERCE, FL 34954

TITLE T  
NAME CASSENS, SUSAN F  
STREET ADDRESS P.O. BOX 593  
CITY-ST-ZIP FORT PIERCE, FL 34954

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

772-466-2739

Daytime Phone #