

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063013

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** APEX REAL ESTATE SERVICES, INC.

**Current Principal Place of Business:**

3180 NORTH KINGS HIGHWAY  
FORT PIERCE, FL 34951 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 593  
FORT PIERCE, FL 349540593 US

**New Mailing Address:**

**FEI Number:** 20-2781892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASSENS, STEVEN D  
Address: P.O. BOX 593  
City-St-Zip: FORT PIERCE, FL 349540593

Title: VP  
Name: DICKSON, DANIEL W  
Address: P.O. BOX 593  
City-St-Zip: FORT PIERCE, FL 349540593

Title: S  
Name: DICKSON, NANCY J  
Address: P.O. BOX 593  
City-St-Zip: FORT PIERCE, FL 349540593

Title: T  
Name: CASSENS, SUSAN F  
Address: P.O. BOX 593  
City-St-Zip: FORT PIERCE, FL 349540593

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: S. D. CASSENS

PRES

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date