

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000128299

1. Entity Name  
APEX APPRAISAL GROUP, INC.



Principal Place of Business  
680 SAINT ANDREWS BOULEVARD  
NAPLES, FL 34114

Mailing Address  
680 SAINT ANDREWS BOULEVARD  
NAPLES, FL 34114



**DO NOT WRITE IN THIS SPACE**

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3488626

Applied For  
Not Applicable

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

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

HEISE, TIMOTHY  
680 ST ANDREWS BOULEVARD  
NAPLES, FL 34113

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
DPT  
HEISE, TIMOTHY  
STREET ADDRESS  
680 SAINT ANDREWS BOULEVARD  
CITY- ST- ZIP  
NAPLES, FL 34114

TITLE  
NAME  
DS  
HEISE, MELISSA  
STREET ADDRESS  
680 SAINT ANDREWS BOULEVARD  
CITY- ST- ZIP  
NAPLES, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000692673  
04/16/07-80009-013 150.00

**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 duly empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Timothy Heise*

Date

Daytime Phone #

4/3/2007 239  
682-7492