

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90038 025 ***150.00

DOCUMENT # P05000144567	
1. Entity Name APEX MANAGEMENT SERVICES OF LEE COUNTY, INC.	

Principal Place of Business 11595 KELLY ROAD STE 110 FT MYERS, FL 33908	Mailing Address 11595 KELLY ROAD STE 110 FT MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box # 13611 MCGREGOR BLVD	3. Mailing Address 13611 MCGREGOR BLVD
Suite, Apt. #, etc. STE 6	Suite, Apt. #, etc. STE 6

City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33919	Zip 33919
Country USA	Country USA

00043004



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3730539		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MURRAY, GRACE J 11595 KELLY ROAD STE 110 FT MYERS, FL 33908		
7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD STE 6 City FORT MYERS FL Zip Code 33919		

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: Grace J Murray, CAM GRACE J MURRAY, CAM 4-10-08
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURRAY, GRACE J 424 SW 51 TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HANNON, PAUL A 13264 OAK HILL LOOP FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Grace J Murray GRACE J. MURRAY 4-10-08 (239) 437-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #