


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 028 \*\*\*150.00

<b>DOCUMENT # P06000026518</b>			
1. Entity Name <b>THE APEZ GROUP, INC.</b>			
Principal Place of Business <b>915 GRAND RESERVE BOULEVARD PORT SAINT LUCIE, FL 34986 US</b>		Mailing Address <b>915 GRAND RESERVE BOULEVARD PORT SAINT LUCIE, FL 34986 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6050 1st Street SW</b>		3. Mailing Address <b>P.O. Box 12637</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Vero Beach, FL</b>		City & State <b>Pt. Pierce, FL</b>	
Zip <b>32968</b>	Country <b>U.S.</b>	Zip <b>34979</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent <b>TAYLOR, STEFANIE C 915 GRAND RESERVE BOULEVARD PORT SAINT LUCIE, FL 34986</b>		7. Name and Address of New Registered Agent Name <b>Stefanie Taylor</b> Street Address (P.O. Box Number is Not Acceptable) <b>6050 1st Street SW</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32968</b>	
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 <u><i>Stefanie Taylor</i></u> DATE <u>2/19/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES TAYLOR, STEFANIE C 915 GRAND RESERVE BOULEVARD PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES Stefanie Taylor 6050 1st Street SW Vero Beach, FL 32968</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA TAYLOR, BRAD 915 GRAND RESERVE BLVD PORT ST LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treas. Brad Taylor 6050 1st Street SW Vero Beach, FL 32968</b> <input checked="" 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:**

*Stefanie Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/08 772-475 6825