

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90010 034 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000036148

1. Entity Name
APEX INSURANCE & INVESTMENT, INC.



Principal Place of Business
**660 LINTON BLVD. SUITE 212-B
DELRAY BEACH, FL 33444 US**

Mailing Address
**660 LINTON BLVD. SUITE 212B
DELRAY BEACH, FL 33444 US**



2. Principal Place of Business - No P.O. Box #

660 LINTON BLVD

3. Mailing Address

660 LINTON BLVD

Suite, Apt. #, etc.

SUITE 203B

Suite, Apt. #, etc.

SUITE 203B

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444

Country

U.S.

Zip

33444

Country

U.S.

03262008

Chg-P

CR2E034 (12/08)

4. FEI Number

42-1698489

Applied For

☐ Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACQUES, PAUL
4221 OAK TERRACE DRIVE
GREENACRES, FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

3/26/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE : **PVST** ☐ Delete
NAME : **JACQUES, PAUL**
STREET ADDRESS : **4221 OAK TERRACE DRIVE**
CITY- ST- ZIP : **GREENACRES, FL 33463**

TITLE : **D** ☐ Delete
NAME : **JACQUES, PAUL**
STREET ADDRESS : **4221 OAK TERRACE DRIVE**
CITY- ST- ZIP : **GREENACRES, FL 33463**

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

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

3/26/08

Date

Daytime Phone #