

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000006618

FILED  
Feb 01, 2012  
Secretary of State

Entity Name: APEX INSURANCE RESOURCES INC.

## Current Principal Place of Business:

445 WILD OAK CIRCLE  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

445 WILD OAK CIRCLE  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 26-4163245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URSETH, JAMES R  
445 WILD OAK CIRCLE  
LONGWOOD, FL 32779 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: CEO  
Name: URSETH, JAMES R  
Address: 445 WILD OAK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: PRES  
Name: BELL, CHRISTOPHER D  
Address: 55 MERIDIAN PARKWAY, SUITE 111  
City-St-Zip: MARTINSBURG, WV 25404

Title: CFO  
Name: URSETH, JODI ANN  
Address: 445 WILD OAK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: SEC  
Name: HUGHES, BRADFORD W  
Address: 5572 BROADCAST COURT  
City-St-Zip: SARASOTA, FL 34240

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: JODI ANN URSETH

CFO

02/01/2012

Electronic Signature of Signing Officer or Director

Date