

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000044825

1. Entity Name  
APEX REALTY, INC.



Principal Place of Business

1870 N. STATE RD 7  
STE 122  
MARGATE, FL 33063 US

Mailing Address

1870 N. STATE RD 7  
STE 122  
MARGATE, FL 33063 US

**FILED**  
**Jun 07, 2004 08:0**  
**Secretary of State**



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0420399

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SAMPSON, NANCY  
7202 FOREST BLVD  
N. LAUDERDALE, FL 33068

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMPSON, NANCY
STREET ADDRESS	7202 FOREST BLVD
CITY-ST-ZIP	N. LAUDERDALE, FL
TITLE	VPS
NAME	PERKINS, MARY
STREET ADDRESS	7708 MARGATE BLVD., 10-5
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000162250  
06/07/04-80005-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

6-6-04

Date

954-972-3020

Daytime Phone #