

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000025019					
1. Entity Name APEX ENGINEERING, INC.					
Principal Place of Business 4404 SIMMONS RD ORLANDO FL 32812			Mailing Address 4404 SIMMONS RD ORLANDO FL 32812		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3233059	
6. Name and Address of Current Registered Agent REHMANN, SUSANNA H PE 4404 SIMMONS RD ORLANDO FL 32812				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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 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	P REHMANN, SUSANNA H 4404 SIMMONS RD ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000461786 03/21/06-80009-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEECH, ROBERT K 221 CANTER CLUB TR LONGWOOD FL 32799	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRACH, RUSSELL 12560 MAJORAMA DR ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: _____

3/6/06 **407-306-0904**