


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000047853**

1. Entity Name  
**APEG, INC.**



Principal Place of Business      Mailing Address

**1310 53RD STREET**      **1310 53RD STREET**  
**WEST PALM BEACH, FL 33407**      **WEST PALM BEACH, FL 33407**

**DO NOT WRITE IN THIS SPACE**



03172008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0671482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LYNN MURRAY-SHEA**  
**1310 53RD ST**  
**WEST PALM BEACH, FL 33407**

**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 \_\_\_\_\_      (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$850.00**

**9. Election Campaign Financing Trust Fund Contribution.**        **\$5.00** May Be Added to Fees

U00000879933  
 04/15/08-80041-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>MURRY-SHEA, LYNN</b>
STREET ADDRESS	<b>1310 53RD ST</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	<b>V</b>
NAME	<b>MURRY, VINCENT</b>
STREET ADDRESS	<b>1310 53RD ST</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	<b>S</b>
NAME	<b>MURRAY, MICHAEL</b>
STREET ADDRESS	<b>1310 53RD ST</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** *Lynn Murray-Shea*      **4/1/08**      **561-845-1366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #