2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Feb 04, 2004 08:00 AM Secretary of State **DOCUMENT # P97000010647** APEX ENVIRONMENTAL ENGINEERING & COMPLIANCE, INC. Principal Place of Business Mailing Address 6824 HANGING MOSS ROAD ORLANDO FL 32807-5327 US 6824 HANGING MOSS ROAD ORLANDO FL 32807-5327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3436291 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARGAS, ROD E Street Address (P.O. Box Number is Not Acceptable) 6824 HANGING MOSS RD ORLANDO FL 32807-5327 City 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 roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDT TELLE ☐ Delete TITLE ☐ Change Addition NAME U00000035132 02/06/04-80007-017 158.00 VARGAS, ROD E NAME 6824 HANGING MOSS RD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP ORLANDO FL 32807 CBY-ST-7IP SV TITE Delete TITLE Change Addition NAME PARENT, CHRIS D NAME STREET ADDRESS 6824 HANGING MOSS RD STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY - ST - ZIP THIE VS. ☐ Delete TITLE Change Addition NAME THEORET, DENNIS R NAME STREET ADDRESS 6824 HANGING MOSS RD STREET ADDRESS CRY-ST-Z8 ORLANDO FL 32807 CITY - ST - ZIP IME Delete me Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DUE Chance Chance ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP C37Y - ST - 73P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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.

BOD VARGAS, PRESIDENT

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 629-8180

FILED