


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000034401</b> 1. Entity Name <b>TAMPA APEX CORP</b>	
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Principal Place of Business <b>101 E KENNEDY BLVD SUITE 3140 TAMPA, FL 33602</b>	Mailing Address <b>C/O KNICKERBOCKER LLC 240 MAIN STREET, P.O. BOX 617 GLADSTONE, NJ 07934-0617 US</b>
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3443441</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MECHANIK, DAVID M  
101 E KENNEDY BLVD  
SUITE 3140  
TAMPA, FL 33602**

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000150324 05/04/04-80001-021 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECHANIK, DAVID M 101 E KENNEDY BLVD, STE 3140 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPERSEN, FINN M 240 MAIN ST PO BOX 617 GLADSTONE, NJ 07934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEEGAN, LUCILLE F 240 MAIN ST PO BOX 617 GLADSTONE, NJ 07934
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12. I hereby certify that the information supplied with this filing 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 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 life empowered.

**SIGNATURE:** \_\_\_\_\_ **4/23/04** **902-719-6593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #