

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

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



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3443441	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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.

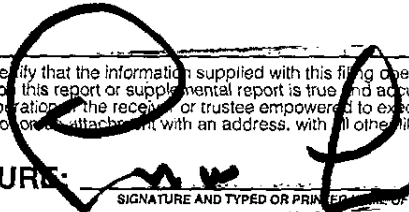
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000326204 04/23/05-80046-015 150.00
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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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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:  **4/18/05 (908) 719-6593**

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