2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000034401

1. Entity Name
TAMPA APEX CORP

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD SUITE 3140 TAMPA, FL 33602	C/O KNICKERBOCKER LLC 240 MAIN STREET, P.O. BOX 617 GLADSTONE, NJ 07934-0617 US

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000326204
04/23/05-80046-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MECHANIK, DAVID M
STREET ADDRESS	101 E KENNEDY BLVD, STE 3140
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	P
NAME	CASPERSEN, FINN M
STREET ADDRESS	240 MAIN ST PO BOX 617
CITY-ST-ZIP	GLADSTONE, NJ 07934
TITLE	S
NAME	KEEGAN, LUCILLE F
STREET ADDRESS	240 MAIN ST PO BOX 617
CITY-ST-ZIP	GLADSTONE, NJ 07934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 added, attached 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 #