


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

| DOCUMENT # P98000049671 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Entity Name APEX MORTGAGE, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6855 W HIGHWAY 40 UNIT B OCALA, FL 34482 | | | Mailing Address 9855 W HIGHWAY 40 UNIT B OCALA, FL 34482 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERKINS, MARY 8855 W HIGHWAY 40 UNIT B OCALA, FL 34482 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">P PERKINS, MARY</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">U000000949499</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">6855 W HIGHWAY 40 UNIT B</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">06/03/08-80028-016 150.00</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">OCALA, FL 34482</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">VP</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">SAMPSON, NANCY</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">6855 W HIGHWAY 40 UNIT B</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">OCALA, FL 34482</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | | | | 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | TITLE | P PERKINS, MARY | <input type="checkbox"/> Delete | TITLE | U000000949499 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 6855 W HIGHWAY 40 UNIT B | | NAME | 06/03/08-80028-016 150.00 | | STREET ADDRESS | OCALA, FL 34482 | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | SAMPSON, NANCY | | NAME | | | STREET ADDRESS | 6855 W HIGHWAY 40 UNIT B | | STREET ADDRESS | | | CITY-ST-ZIP | OCALA, FL 34482 | | CITY-ST-ZIP | | | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | NAME | | | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | NAME | | | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | NAME | | | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | 6855 W HIGHWAY 40 UNIT B | | NAME | 06/03/08-80028-016 150.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | OCALA, FL 34482 | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | SAMPSON, NANCY | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 6855 W HIGHWAY 40 UNIT B | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | OCALA, FL 34482 | | CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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: Mary Perkins 4-25-08 252861-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR