

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90169 028 ***150.00

400010000



01062006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3550055** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P99000018502

1. Entity Name
APEX LENDING, INC.



Principal Place of Business
**20001 GULF BLVD
SUITE 10
INDIAN SHORES, FL 33785**

Mailing Address
**20001 GULF BLVD
SUITE 10
INDIAN SHORES, FL 33785**

2. Principal Place of Business Suite, Apt. #, etc.
Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

6. Name and Address of Current Registered Agent

**HAYS, STEVE
1 KEY CAPRI 303 EAST
TREASURE ISLAND, FL 33706**

7. Name and Address of New Registered Agent

Name
Name

Street Address (P.O. Box Number is Not Acceptable)
Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGOSTINO, FRANK 1751 CHARITY DRIVE BRENTWOOD, TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYS, STEVEN 1 KEY CAPRI 303E TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGOSTINO, FRANK 6 CROOKED STICK LN. BRENTWOOD, TN. 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **01/12/06** **727-381-2739**

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