

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 007 ***150.00

DOCUMENT # S32387

1. Entity Name
APEX SURVEILLANCE AND INVESTIGATIONS, INC.



Principal Place of Business
**4252 SE 38TH ST
 OCALA FL 34480
 US**

Mailing Address
**PO BOX 703
 OCALA FL 34478
 US**

20040034



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
700 SW 98 Lane
 Suite, Apt. #, etc.
Ocala, Fl.
 City & State

3. Mailing Address
P.O. Box 703
 Suite, Apt. #, etc.
Ocala, Fl.
 City & State

4. FEI Number **59-3050398** Applied For
 Not Applicable

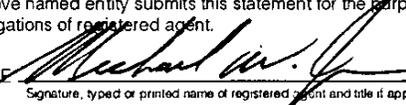
Zip **34476** Country **MARION** Zip **34478** Country **MARION**

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

6. Name and Address of Current Registered Agent
**JONES, MICHAEL W.
 4252 SE 38TH ST.
 OCALA FL 34480**

7. Name and Address of New Registered Agent
 Name **Michael W. Jones**
 Street Address (P.O. Box Number is Not Acceptable)
700 SW 98 Lane
 City **Ocala** **FL** Zip Code **34476**

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  **Michael W. Jones** DATE **4/25/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

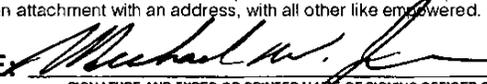
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP <input type="checkbox"/> Delete JONES, MICHAEL W. 4252 S.E. 38TH ST. OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete JONES, PHYLLIS A. 4252 SE 38TH ST. OCALA FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 SW 98 Lane Ocala, Fl. 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 SW 98 Lane Ocala, Fl. 34476
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 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 like empowered.

SIGNATURE  DATE **4/25/05** 352-694-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (NOTE: Registered Agent signature required when reinstating)