

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # S32387

1. Entity Name

APEX SURVEILLANCE AND INVESTIGATIONS, INC.



Principal Place of Business

700 SW 98 LANE
OCALA FL 34476
US

Mailing Address

PO BOX 703
OCALA FL 34478
US



2. Principal Place of Business - No P.O. Box #

700 SW 98 Lane

3. Mailing Address

PO BOX 703

Suite, Apt. #, etc

Ocala, FL

Suite, Apt. #, etc

Ocala FL

City & State

City & State

4. FEI Number 59-3050398

Applied For
Not Applicable

Zip

Country

34476

marion

Zip

Country

34478

marion

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

6. Name and Address of Current Registered Agent

JONES, MICHAEL W.
700 SW 98 LANE
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
JONES, MICHAEL W.
700 SW 98 LANE
OCALA FL 34476 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
JONES, PHYLLIS A.
700 SW 98 LANE
OCALA FL 34476 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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000000728172
05/07/07-80006-019 150.00 ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Phyllis A. Jones* Phyllis A. Jones 4/20/07 352-694-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #