

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2008 8:00 am
Secretary of State

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01302008 Chg-P CR2E034 (12/06)

DOCUMENT # V32043 1. Entity Name APEX MANAGER'S, INC.			
Principal Place of Business ATTN: CORPORATE ACCOUNTING 375 COMMERCE PARKWAY COCOA, FL 32922		Mailing Address ATTN: CORPORATE ACCOUNTING 375 COMMERCE PARKWAY COCOA, FL 32922	
2. Principal Place of Business - No P.O. Box # 317 Riveredge Blvd Suite, Apt. #, etc. Suite 200 City & State Cocoa, FL Zip 32922 Country USA		3. Mailing Address P.O. Box 560097 Suite, Apt. #, etc. City & State Rockledge, FL Zip 32956-0697 Country USA	
4. FEI Number 59-3128957		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONG, DONALD J 375 COMMERCE PARKWAY ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 317 Riveredge Blvd Suite 100 City Cocoa FL Zip Code 32922	
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: <u>Donald J Long</u> DATE: <u>2-5-2008</u> 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LONG, DONALD J 317 RIVEREDGE BOULEVARD COCOA, FL 32922	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, PATRICK J 317 RIVEREDGE BOULEVARD COCOA, FL 32922	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, JOHN 317 RIVEREDGE BOULEVARD COCOA, FL 32922	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: <u>Donald J Long</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2-5-2008</u> Daytime Phone #	