

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089925

Entity Name: A BEKA SERVICES, INC.**Current Principal Place of Business:**250 BRENT LANE
PENSACOLA, FL 32523**Current Mailing Address:**P.O. BOX 17023
PENSACOLA, FL 32522 US**FEI Number:** 59-3538226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHOEMAKER, TROY DR.
250 BRENT LANE
PENSACOLA, FL 32523 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name SHOEMAKER, TROY DR.
Address 250 BRENT LANE
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name CRAWFORD, BEVERLY MRS
Address 6067 ST ALBAN
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name WELTON, DONALD MR
Address 8537 JORDAN RD
City-State-Zip: BAKER FL 32531

Title TREASURER
Name EAST, BEN MR
Address 3401 MARCUS PONT BLVD
City-State-Zip: PENSACOLA FL 32505

Title SECRETARY
Name SHOEMAKER, DENISE MRS
Address 250 BRENT LANE
City-State-Zip: PENSACOLA FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEN EAST**TREASURER****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date