

**2017 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****03/15/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date