

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000004729**

1. Entity Name  
**THE ASSOCIATION OF PROFESSIONALS INC.**



Principal Place of Business  
**16476 CHESTERFIELD AIRPORT RD  
CHESTERFIELD, MO 63017**

Mailing Address  
**16476 CHESTERFIELD AIRPORT RD  
CHESTERFIELD, MO 63017**



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-1012610**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
**PC  
BRECKENRIDGE, DONALD JR  
200 S HANLEY STE 710  
CLAYTON, MO 63105**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
FEDERKO, BERNIE  
2219 DEVONSBROOK DR  
CHESTERFIELD, MO 63005**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FEDERKO, BERNIE  
2219 DEVONSBROOK DR  
CHESTERFIELD, MO 63005**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
VICK, DEBORAH  
532 HOWARD AVE  
ST JOSEPH LD, MI 49085**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD E. BRECKENRIDGE JR.**

**1/12/08**

**314-862-6883**

Date

Daytime Phone #