


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P01000085052	
1. Entity Name APA SERVICES INC.	

Principal Place of Business 6469 FOX GRAPE LANE BRADENTON, FL 34202-2026	Mailing Address 6469 FOX GRAPE LANE BRADENTON, FL 34202-2026
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1138219	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, DONALD H 5603 26TH ST. W. BRADENTON, FL 34207
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, ALVIN RAY JR 6469 FOX GRAPE LANE BRADENTON, FL 342022026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BECKER, DEBRA 6469 FOX GRAPE LANE BRADENTON, FL 342022026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WEGER, JAMES 8434 MIRAMAR WAY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000851681 03/25/08-80050-012 158.75</p> DO NOT WRITE IN THIS SPACE
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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:  **Alvin R Becker** **3/5/08** **941-727-8866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #