

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM  
Secretary of State

DOCUMENT # P94000013335

1. Entity Name  
API ENTERPRISES, INC.



Principal Place of Business  
1309 FISHING LAKE DR  
ODESSA, FL 33556

Mailing Address  
1309 FISHING LAKE DR  
ODESSA, FL 33556

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02042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3225666

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRBANKS, CYNTHIA M  
1309 FISHING LAKE DR  
ODESSA, FL 33556

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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

*Cynthia M. Fairbanks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb 4, 2006*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME UPCAVAGE, ROBERT J  
STREET ADDRESS 1309 FISHING LAKE DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE D  
NAME FAIRBANKS, VANCE D  
STREET ADDRESS 1309 FISHING LAKE DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE D  
NAME FAIRBANKS, DENISE M  
STREET ADDRESS 1309 FISHING LAKE DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE D  
NAME FAIRBANKS, CYNTHIA M  
STREET ADDRESS 1309 FISHING LAKE DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Cynthia M. Fairbanks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb 4, 2006*