


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S99046</b> 1. Entity Name APF INC.	
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Principal Place of Business 4915 W. NASSAU STREET TAMPA, FL 33607	Mailing Address 4915 W. NASSAU STREET TAMPA, FL 33607
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<b>DO NOT WRITE IN THIS SPACE</b>
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01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3102782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DAVIDSON, ROBERT E. 4915 W. NASSAU STREET TAMPA, FL 33607
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS DAVIDSON, ROBERT E. 4915 W NASSAU ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, MARION T. 4915 W NASSAU STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUFFER, GREG 4915 W. NASSAU ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000698830 04/19/07-80018-011 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b>  ROBERT E. DAVIDSON 4-5-07 (813) 289-0404	Date	Daytime Phone #
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