

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 012 ***150.00

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1. Entity Name

ABACO INVESTMENT GROUP, INC.



Principal Place of Business

505 LIBERTY, ST N
JACKSONVILLE FL 32202
US

Mailing Address

505 LIBERTY, ST N
JACKSONVILLE FL 32202
US



2. Principal Place of Business - No P.O. Box #

521 N Liberty st

Suite, Apt. #, etc.

3. Mailing Address

521 N. Liberty st

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number 59-3538107

Applied For

Not Applicable

Zip

Country

32202 USA

Zip

32202

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, A. SCOTT
12638 MISSION HILLS CIRCLE NORTH
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME HALL, A. SCOTT
STREET ADDRESS 76 SOUTH LAURA STREET BOX 2B
CITY- ST- ZIP JACKSONVILLE FL 32202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME A. SCOTT Hall
STREET ADDRESS 521 N. Liberty st Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

A. Scott Hall

02-26-07 904 353-9097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #