

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119167

Entity Name: ABELE ASSOCIATES, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5200 NW 43RD ST  
#102-307  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

5200 NW 43RD ST  
#102-307  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 30-0007921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SEGAL, CHUCK  
5200 NW 43RD ST  
#102-307  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SEGAL, CHUCK  
Address: 5200 NW 43RD ST., #102-307  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHUCK SEGAL

PSTD

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date