

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 029 ***150.00

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04302008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000074702			
1. Entity Name AB-IFX, INCORPORATED			
Principal Place of Business 313 WILLIAMS STREET SUITE 9 TALLAHASSEE, FL 32303		Mailing Address PO BOX 13962 TALLAHASSEE, FL 32317	
2. Principal Place of Business - No P.O. Box # 3295 Crawfordville Hwy		3. Mailing Address	
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.	
City & State Crawfordville FL		City & State	
Zip 32327		Country Wakulla	
4. FEI Number 50-0005226		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, CLADIE A 19 SHADOW OAK CIRCLE CRAWFORDVILLE, FL 32327		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: <i>Cladie A Bailey</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, CLADIE A 18 SHADOW OAK CIRCLE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Cladie A Bailey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/25/08 Date 850 251 3941 Daytime Phone #	