

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90034 031 ***150.00



DOCUMENT # P04000167874
 1. Entity Name
ABE'S HONEST HARDWOOD FLOORS, INC.

Principal Place of Business
 110 LAKE GEM DRIVE
 LONGWOOD FL 32750
 US

Mailing Address
 110 LAKE GEM DRIVE
 LONGWOOD FL 32750
 US



2. Principal Place of Business - No P.O. Box #
1255 Ball's AVE
 Suite, Apt. #, etc.
Unit 160

3. Mailing Address
196 Over Street AVE
~~1255 Ball's AVE~~
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Winter Springs FL

City & State
~~Winter Springs FL~~ **Longwood FL**

Zip
32708

Country
Seminole

Zip
32750

Country
Seminole

4. FEI Number **20-2251589** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GIFFORD, LINCOLN
110 LAKE GEM DR
LONGWOOD FL 32750

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 **3/2/07**
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 **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIFFORD, LINCOLN B 110 LAKE GEM DRIVE LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GIFFORD, DANIELLE J 110 LAKE GEM DRIVE LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lincoln B Gifford**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR