2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 13, 2008
Secretary of State

DOCUMENT# P07000008976

Entity Name: ABRAMS, FARRELL, WAGNOR & ASSOCIATES, INC.

Current Principal Place of Business:

429 N. RIDGEWOOD AVE
DAYTONA BEACH, FL 32115

New Principal Place of Business:

429 N. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

Current Mailing Address:

P O BOX 2193
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 26-3256821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, O'DOLL V JR.
1633 FLORIDA STREET
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

DIXON, JODY M MRS.
429 N. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

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: JODY M. DIXON 10/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, O'DOLL V JR.
Address: 1633 FLORIDA STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete
Name: RIX, ROBERT R
Address: 1021 AUDREY
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SECR (X) Delete
Name: WILLIAMS, SHIRLEY A
Address: 1633 FLORIDA STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ECT (X) Delete
Name: RIX, SHERRY B
Address: 1021 AUDREY
City-St-Zip: DAYTONA BEACH, FL 32114

Title: O (X) Delete
Name: MOLL, JODY M
Address: 429 N. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32115

Title: O (X) Delete
Name: WILCOXEN, JULLIAN R
Address: 429 N. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILCOXEN, JILLIAN R MRS.
Address: P.O. BOX 2913
City-St-Zip: DAYTONA BEACH, FL 32115

Title: VP (X) Change ( ) Addition
Name: DIXON, JODY M MRS.
Address: P.O. BOX 2193
City-St-Zip: DAYTONA BEACH, FL 32115

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JILLIAN R. WILCOXEN P 10/13/2008
Electronic Signature of Signing Officer or Director Date