


**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90026 035 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P07000032466**

1. Entity Name  
 ABES REALTY, INC.



Principal Place of Business  
 107 NORTH MAIN AVENUE  
 SUITE 715  
 MINNEOLA, FL 34715 US

Mailing Address  
 PO BOX 141690  
 SUITE 715  
 GAINESVILLE, FL 32614 US

66010575



2. Principal Place of Business - No P.O. Box #  
 5510 SW 41 st

3. Mailing Address

Suite, Apt. #, etc.  
 Suite 102

Suite, Apt. #, etc.

City & State  
 Gainesville FL

City & State

Zip  
 32608

Country  
 USA

Zip

Country

03102008 Chg-P CR2E034 (12/06)

4. FEI Number  
 51-0629723

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPERT, DELPHINE P  
 107 NORTH MAIN AVENUE  
 SUITE 715  
 MINNEOLA, FL 34715

6827 SW 35th way  
 Gainesville, FL 32608

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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-STATE-ZIP	P LAMPERT, DELPHINE P 107 NORTH MAIN AVENUE MINNEOLA, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Lampert, Delphine 6827 SW 35th way Gainesville, FL 32608 <input checked="" 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: \_\_\_\_\_ DATE: 4/14/08 352-516-1280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

