

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P94000041964	
1. Entity Name ABCAN ASSOCIATES INC.	

Principal Place of Business 608 SR 542 #3 DUNDEE, FL 33838	Mailing Address 1145 S LAKE STARR LAKE WALES, FL 33858
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3244582	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TANCREDI, JEFF
1145 S LAKE STARR BLVD
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000004384 01/29/07-80047-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	TANCREDI, JEFF
NAME	1145 S LAKE STARR BLVD
STREET ADDRESS	LAKE WALES, FL 33853
CITY-ST-ZIP	
TITLE VP	TANCREDI, WENDY
NAME	1145 S LAKE STARR BLVD
STREET ADDRESS	LAKE WALES, FL 33858
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Jeff Tancredi **Jeff Tancredi** 1-22-07 863-287-6575

Signature and typed or printed name of signing officer or director Date Daytime Phone #