

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000041984

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 33898**

01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3244562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**THE STATE OF FLORIDA
SECRETARY OF STATE**

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000786159
01/17/08-80029-013 150.00**

10. OFFICERS AND DIRECTORS

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

TITLE	VP
NAME	TANCREDI, WENDY
STREET ADDRESS	1145 S LAKE STARR BLVD
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**THE STATE OF FLORIDA
SECRETARY OF STATE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-08
Date

(863)-287-6575
Daytime Phone #