


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90008 003 ***150.00

DOCUMENT # P95000034456

1. Entity Name
ABEL & ABEL, INC.



Principal Place of Business 262 FAIRWAY ROAD ROTONDA, FL 33947-2018	Mailing Address 262 FAIRWAY ROAD ROTONDA, FL 33947-2018
--	--

2. Principal Place of Business 1441 Tamiami Trail #623	3. Mailing Address 112 Sequoyah Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02082006 Chg-P CR2E034 (11/05)

City & State Port Charlotte, FL	City & State Port Charlotte, FL	4. FEI Number 65-0579478	Applied For <input type="checkbox"/> Not Applicable
Zip 33948	Country	Zip 33954	Country

6. Name and Address of Current Registered Agent

ABEL, GREG G
262 FAIRWAY ROAD
ROTONDA, FL 33947-2018

7. Name and Address of Now Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
112 Sequoyah Drive
 City **Port Charlotte** FL Zip Code **33954**

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, 2006 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 D <input type="checkbox"/> Delete	NAME ABEL, GREG G	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 112 Sequoyah Drive
STREET ADDRESS 262 FAIRWAY ROAD	CITY-ST-ZIP ROTONDA, FL 339472018	STREET ADDRESS 112 Sequoyah Drive	CITY-ST-ZIP Port Charlotte, FL 33954
TITLE D <input type="checkbox"/> Delete	NAME ABEL, MICHAEL E	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 2695 Roxbury Circle
STREET ADDRESS 262 FAIRWAY ROAD	CITY-ST-ZIP ROTONDA, FL 339472018	STREET ADDRESS 2695 Roxbury Circle	CITY-ST-ZIP North Port, FL 34287
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: Greg Abel **2/15/06** **941-764-7827**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #