


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000034456**  
 1. Entity Name  
**ABEL & ABEL, INC.**



Principal Place of Business  
**1441 TAMIAMI TRL, # 623**  
**PORT CHARLOTTE, FL 33948**

Mailing Address  
**112 SEQUOYAH DR**  
**PORT CHARLOTTE, FL 33954**



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0579478** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ABEL, GREG G**  
**112 SEQUOYAH DR**  
**PORT CHARLOTTE, FL 33954**

**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 \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABEL, GREG G
STREET ADDRESS	112 SEQUOYAH DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	D
NAME	ABEL, MICHAEL E
STREET ADDRESS	2695 ROXBURY CIR
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000640619  
 02/28/07-80072-009 150.00

**DO NOT WRITE 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: Greg Abel **Greg Abel** 2/17/07 941 809-8856  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #