

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 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

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0579478

Applied For
 Not Applicable

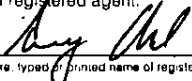
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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:  DATE: **2/15/08**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 02/29/08-80015-010 150.00

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** DATE: **2/15/08** DAYTIME PHONE #: **(941) 809-8856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR