

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086801

Entity Name: ABACO BUILDERS, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

661 MAPLEWOOD DRIVE
15
JUPITER, FL 33458

New Principal Place of Business:

236 FAIRWAY EAST
TEQUESTA, FL 33469

Current Mailing Address:

661 MAPLEWOOD DRIVE
STE 15
JUPITER, FL 33458

New Mailing Address:

236 FAIRWAY EAST
TEQUESTA, FL 33469

FEI Number: 65-0804477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOFQUIST, CHARLES A JR.
236 FAIRWAY EAST
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LOFQUIST, CHARLES A JR
Address: 236 FAIRWAY EAST
City-St-Zip: TEQUESTA, FL 33469

Title: VS () Delete
Name: LOFQUIST, JEANNE M
Address: 236 FAIRWAY EAST
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. LOFQUIST JR.

PT

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date