

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49481

FILED
Apr 17, 2006
Secretary of State

Entity Name: CLIFFORD M. ABLES, III, P.A.

Current Principal Place of Business:

551 S COMMERCE AVE
SEBRING, FL 33870 US

New Principal Place of Business:

551 SOUTH COMMERCE AVE
SEBRING, FL 33870 US

Current Mailing Address:

551 S COMMERCE AVE
SEBRING, FL 33870 US

New Mailing Address:

551 SOUTH COMMERCE AVE
SEBRING, FL 33870 US

FEI Number: 59-2756703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M
551 S COMMERCE AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVE
SEBRING, FL 33870 US

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: CLIFFORD M ABLES III

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ABLES, CLIFFORD M. I, II
Address: 551 S COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ABLES, CLIFFORD M III
Address: 551 SOUTH COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: CLIFFORD M ABLES III

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date