

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002177

FILED
Feb 18, 2009
Secretary of State

Entity Name: ABELL'S FLOOR COVERING, INC.

Current Principal Place of Business:

1040 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1040 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-2880529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABELL, WILLIAM C
5675 N. HWY 11
DE LEON SPRINGS, FL 32130 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: P () Delete
Name: ABELL, WILLIAM C
Address: 5675 N HWY 11
City-St-Zip: DELEON SPRINGS, FL 32130

Title: V () Delete
Name: ABELL, III, WILLIAM C
Address: 1568 EUCLID AVE
City-St-Zip: DELAND, FL 32763

Title: V () Delete
Name: ABELL, NATHANIEL T
Address: 5675 N HWY 11
City-St-Zip: DELEON SPRINGS, FL 32130

Title: ST () Delete
Name: STROUD, MARILYN
Address: 956 SPRINGBANK AVENUE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARILYN STROUD

ST

02/18/2009

Electronic Signature of Signing Officer or Director

Date