

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J49481

**Entity Name:** ABLES & CRAIG, P.A.

**Current Principal Place of Business:**

551 SOUTH COMMERCE AVE  
SEBRING, FL 33870

**Current Mailing Address:**

551 SOUTH COMMERCE AVE  
SEBRING, FL 33870 US

**FEI Number:** 59-2756703

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DPT  
Name            ABLES, CLIFFORD MIII  
Address        551 SOUTH COMMERCE AVE  
City-State-Zip: SEBRING FL 33870

Title            DVPS  
Name            CRAIG, BRANDON S  
Address        551 SOUTH COMMERCE AVE  
City-State-Zip: SEBRING FL 33870

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLIFFORD M. ABLES, III

**DPT**

**03/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date