

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089164

Entity Name: ABLE SOLUTIONS INC.**Current Principal Place of Business:**6084 DREXEL RD
LAND O LAKES, FL 34638**Current Mailing Address:**6084 DREXEL RD
LAND O LAKES, FL 34638 US**FEI Number:** 26-0756584**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMBERT, JODY C
6084 DREXEL RD
LAND O LAKES, FL 34638 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	VP
Name	LAMBERT, JODY C
Address	6084 DREXEL RD.
City-State-Zip:	LAND O LAKES FL 34638

Title	DIR
Name	LAMBERT, JODY C
Address	6084 DREXEL RD
City-State-Zip:	LAND O LAKES FL 34638

Title	PRESIDENT
Name	DEMATTI, ROBERT
Address	6084 DREXEL ROAD
City-State-Zip:	LAND O LAKES FL 34638

Title	S
Name	RIPEL, ROGER
Address	6084 DREXEL ROAD
City-State-Zip:	LAND O LAKES FL 34638

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: JODY C LAMBERT

VICE PRESIDENT

04/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date