## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006295

Entity Name: ABBONDANZA ENTERPRISES, INC.

CLEARWATER, FL 33758

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1497 MAIN STREET 3535 1 ST. N. E. ST. PETERSBURG, FL 33704 #333 DUNEDIN, FL 34698 **New Mailing Address: Current Mailing Address:** P.O. BOX 6176 CLEARWATER, FL 33758 FEI Number: 20-0538617 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RYMAL, RUTH KOELSCH, D 3535 1 ST. N. E. 1497 MAIN STREET ST. PETERSBURG, FL 33704 US #333 DUNEDIN, FL 34698 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: D. KOELSCH 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: LYNN, TRACY Name: P.O. BOX 6176 Address: Address: City-St-Zip: CLEARWATER, FL 33758 City-St-Zip: Title: Title: () Change () Addition () Delete Name: RYMAL, RUTH Name: PO BOX 6176 Address: 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: RUTH RYMAL S 04/28/2009