2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004685

Entity Name: ABBEY LEASING CO., INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ITA BAY BLVD PRINGS, FL 3			
Current Mailing Address:			New Mailing Address:	
	ITA BAY BLVD PRINGS, FL 3			
FEI Number	: 05-0572966	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	I Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
2235 FIRS FORT MYI The above	EY BUTLER ET STREET ERS, FL 3390 In named entity see of Florida.		purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
Election Ca		nic Signature of Registered Ag g Trust Fund Contribution().	ent	Date
		g Trust Fund Contribution().		Date ES TO OFFICERS AND DIRECTOR
	mpaign Financing	g Trust Fund Contribution (). TORS: Delete HILIP BAY BLVD		
OFFICER: Title: Name: Address:	mpaign Financing S AND DIREC C () GUTIERREZ, P 3471 BONITA E BONITA SPRIN	g Trust Fund Contribution (). TORS: Delete HILIP BAY BLVD GS, FL 34134 Delete TEPHEN BAY BLVD	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	C () GUTIERREZ, P 3471 BONITA E BONITA SPRIN P () SILVERMAN, S 3471 BONITA E BONITA SPRIN	g Trust Fund Contribution (). TORS: Delete HILIP BAY BLVD GS, FL 34134 Delete TEPHEN BAY BLVD GS, FL 34134 Delete BERT BAY BLVD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition

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: D HERBERT GRAY	CFO	04/14/2009
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