2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Connetour of Ctate	
DOCU	MENT # G06288	_			ecretary of State
1. Entity Name ABELL AND TURRENTINE CORPORATION					
ADELL A	IND TORRENTINE CORFOR	KIION			
Principal Plac	ce of Business	Mailing Address		1	
P 0 B0X 75		P 0 B0X 752			
2001H MIAN	VII, FL 33243	SOUTH MIAMI, FL 33243		i i	
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				01142005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number	Applied For
				59-2231447	Not Applicable
				5. Certificate of Status Desire	d S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		<u> </u>	
ΔREII IE	NNIEER K			DO NOT	4
ABELL JENNIFER K 12550 PINE NEEDLE LN MIAMI, FL 33156				DO NOT I	NRITE
			·	IN THIS S	PACE
			İ		
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent or both in the State of	Florida Lam familiar with and accept
the obliga	tions of registered agent.	9 9		55 agent, 5. 55an, 1. 115 ctate 5	Transact Fair Igninia William and accept
SIGNATURE.		·			
	Signature, typed or printed name of registered agent and	litte if applicable. (NOTE Registere	d Agent si insture required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS		<u></u> . \	
ITILE	PD ABELL, CHARLES G				
NAME STREET ADDRESS	12550 PINE NEEDLE LANE	•••	1		
CITY-ST-ZIP	MIAMI, FL 33156		1		•
TALE	S		İ	Hoan	00183875
NAME STREET ADDRESS	ABELL, JENNIFER K I 12650 PINE NEEDLE LN			01/20/0	5-80007-013 150.00
CITY-ST-ZIP	MIAMI, FL 33156	TOTAL TO STATE OF THE STATE OF	•	- · · · · · · · · ·	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____

CITY-ST-ZIP

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR GIRECTOR

Ennifer K. Abell 1/14/05

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