2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # G15644 1. Entity Name 03-21-2006 90009 006 ***150.00 ABNEY & ABNEY CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O DRAWER 700 OKEECHOBEE FL 34973 805 SW 15TH STREET **OKEECHOBEE FL 34974** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FE! Number 59-2245023 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABNEY, JOHN W. S 805 SW 15TH STREET Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34974** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisiating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition ARENCY, JOHN W. SK ABNÉY, JOHN W SR NAME 805 SWISTA STREET STREET ADDRESS 805 SW 15TH STREET STREET ADDRESS OKETHOBE, T. 34974 CITY-ST-ZIP OKEECHOBEE, FL 00000 CITY-ST-ZIP V. PRESIDENT ☐ Delete TITLE X Change Addition ABNBY, JOHN W. FR. NEME ABNEY, JOHN W JR HAME STREET ADDRESS 805 SW 15TH STREET STREET ADDRESS OKEELHUBER FL 34974 CITY-ST-ZIP OKEECHOBEE FL CITY-ST-ZIP SIC. TREAS KYLE M. ABNEY TITLE Delete TITLE Chance Addition NAME NAME 805 S.U. 15th ST. STREET ADDRESS STREET ADDRESS GKEELHOBEE, FL 341741 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 will an address, with a powered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

JOHNW. ABNEY ON 3/6/06

FILED

Mar 21, 2006 8:00 am