

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 011 ***150.00

DOCUMENT # G15644

1. Entity Name

ABNEY & ABNEY CONSTRUCTION, INC.



Principal Place of Business
805 SW 15TH STREET
OKEECHOBEE FL 34974

Mailing Address
P.O. DRAWER 700
OKEECHOBEE FL 34973



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Okeechobee, FL

4. FEI Number 59-2245023

Applied For

Not Applicable

Zip

Country

Zip

Country

34973

Okeechobee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABNEY, JOHN W. S
805 SW 15TH STREET
OKEECHOBEE FL 34974

Name

ABNEY, JOHN W SR

Street Address (P.O. Box Number is Not Acceptable)

805 SW 15th Street

City

Okeechobee

FL

Zip Code

34974

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST-ZIP	PST ABNEY, JOHN W SR 805 SW 15TH STREET OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP ABNEY, JOHN W JR 805 SW 15TH STREET OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	ST ABNEY, KYLE M 805 SW 15TH ST OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY ST-ZIP	(P) President ABNEY, JOHN W SR 805 S.W. 15th Street Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE:

John W. Abney, Sr. JOHN W. ABNEY, SR.

3/26/07

863-763-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #