


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90025 039 ***150.00

DOCUMENT # G76127 1. Entity Name ABNER PAINTING, INC.					
Principal Place of Business %JOSEPH A ABNER 649 39TH AVE NE ST PETERSBURG, FL 33703			Mailing Address %URSULA A ABNER 649 39TH AVE NE ST PETERSBURG, FL 33703		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2348586	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABNER, JOSEPH A 339 41 AVE N 4101 5ST N. SAINT PETERSBURG, FL 33703				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT	NAME ABNER, JOSEPH A.		TITLE	NAME	
STREET ADDRESS 339 41 AVE N	CITY-ST-ZIP SAINT PETERSBURG, FL 33702		STREET ADDRESS	CITY-ST-ZIP	
TITLE V. PRESIDENT/Treasurer	NAME ABNER, STANLEY M.		TITLE	NAME	
STREET ADDRESS 4321 7 ST NO	CITY-ST-ZIP SAINT PETERSBURG, FL 33703		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME ABNER, URSULA A		TITLE	NAME	
STREET ADDRESS 649-39 AVE NE	CITY-ST-ZIP SAINT PETERSBURG, FL 33703		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ursula A Abner</u> Ursula A Abner			Date: <u>3/7/08</u> 3/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 823-0679		