

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H11077

1. Entity Name
ABLE MAINTENANCE, INC.



Principal Place of Business
**10575 68TH AVE N
STE B-3
SEMINOLE, FL 33772 US**

Mailing Address
**10575 68TH AVE N
STE B-3
SEMINOLE, FL 33772 US**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2434966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**GRAHAM, DONALD V.
#1 KEY CAPRI DRIVE
#113W
TREASURE ISLAND, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000529811
05/05/06-80087-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAHAM, DONALD
STREET ADDRESS	1 KEY CAPRI DR, 113W
CITY - ST - ZIP	TREASURE ISLAND, FL
TITLE	ST
NAME	GRAHAM, PATRICIA T
STREET ADDRESS	1 KEY CAPRI DR, 113W
CITY - ST - ZIP	TREASURE ISLAND, FL 33706
TITLE	D
NAME	GRAHAM, PAUL
STREET ADDRESS	4941 LEDGEWOOD DRIVE
CITY - ST - ZIP	COMMERCE TOWNSHIP, MI 48382
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Donald V. Graham Donald V. Graham 4/19/06 727-393-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #