

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 020 ***150.00

DOCUMENT # H49228

1. Entity Name

ABWILL DEVELOPMENT, INC.



Principal Place of Business

805 S.W. 15 STREET
PO DRAWER 700
OKEECHOBEE FL 34973-7700

Mailing Address

805 S.W. 15 STREET
PO DRAWER 700
OKEECHOBEE FL 34973-7700



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

805 S.W. 15th Street
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 700
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Okeechobee, FL

City & State

OKEECHOBEE, FL

4. FEI Number

59-2734049

Applied For

Not Applicable

Zip

34974

Country

USA

Zip

34973

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ABENEY, JOHN W SR
805 SW 15TH ST
OCALA FL 34474

7. Name and Address of New Registered Agent

Name **ABENEY, 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 reinstating.)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. ABNEY, SR.

3/26/07

863-763-6541

Date

Daytime Phone #