

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # K09584

1. Entity Name
ABIGAIL STARR, INC.



Principal Place of Business
296 14TH AV SO
NAPLES, FL 34102 US

Mailing Address
296 14TH AV SO
NAPLES, FL 34102 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0016988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, THOMAS
296 14TH AVE. SO.
NAPLES, FL 34102

**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

Thomas H. Wilson

Signature, type the printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/06
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, THOMAS H.
STREET ADDRESS	296 14TH AVE S
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	D
NAME	WILSON, JOAN W.
STREET ADDRESS	296 14TH AVE SO
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS H WILSON, PRES

Date

Daytime Phone #