2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90383.033 ***150.00
K09584

2007 OCT -4 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09584

1. Entity Name
ABIGAIL STARR, INC.

Principal Place of Business
~~296 14TH AV SO~~ 361 12TH AVE, SO
NAPLES, FL 34102 US

Mailing Address
~~296 14TH AV SO~~ 361 12TH AVE. SO.
NAPLES, FL 34102 US

01052007 No Chg-P CR2E034 (11/05)

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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

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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 T.H. WILSON 4/19/07
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

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~~ 361 12TH AVE, SO.
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	WILSON, JOAN W.
STREET ADDRESS	~~296 14TH AVE SO~~ 361 12TH AVE, SO
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: T.H. WILSON 239 649-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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