

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L07934
 1. Entity Name
ABH CONSTRUCTION, INC.



Principal Place of Business Mailing Address
P O BOX 568425 **P O BOX 568425**
ORLANDO, FL 32856-5425 **ORLANDO, FL 32856-5425**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2972183 Not Applicable

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

6. Name and Address of Current Registered Agent
HONAKER DEBBIE N
343 GLENRIDGE WAY
WINTER PARK, FL 32789

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HONAKER, DEBBIE N 432 HARBOUR OAKS POINT DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HONAKER, DONALD M. 432 HARBOUR OAKS POINT DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONAKER, DEBBIE, N 432 HARBOUR OAKS POINTE ORLANDO, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Debbie N. Honaker Debbie N. Honaker 3/21/05 (407) 855-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #