

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38710

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: ABBA CONSTRUCTION, INC.

## Current Principal Place of Business:

6963-1 BUSINESS PARK BLVD N  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

6963-1 BUSINESS PARK BLVD N  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 59-2985866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLY, MICHAEL F MR.  
6963-1 BUSINESS PARK BLVD N  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: REIFERS, MACK E  
Address: 940 RAVINE RD S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVST ( ) Delete  
Name: KELLY, MICHAEL F  
Address: 3601 MARBON ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ASAT ( ) Delete  
Name: KELLY, KENNEDY T  
Address: 4431 THICKET RIDGE LN  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: REIFERS, SARAH K  
Address: 940 RAVINE RD S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: KELLY, JACKIE L  
Address: 3601 MARBON RD  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY T. KENNEDY

ASAT

03/08/2007

Electronic Signature of Signing Officer or Director

Date