

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 017 ****61.25



DOCUMENT # N02000009068
 1. Entity Name
 ABILITIES AT SAN JUAN, INC.

Principal Place of Business
 2735 WHITNEY RD.
 CLEARWATER, FL 33760

Mailing Address
 2735 WHITNEY RD.
 CLEARWATER, FL 33760

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
 55-0807511

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

NEVILLE, MIKE
 2735 WHITNEY RD.
 CLEARWATER, FL 33758

7. Name and Address of New Registered Agent

Name *Thomas, Gene*
 Street Address (P.O. Box Number is Not Acceptable)
2735 Whitney Road
 City *Clearwater* FL Zip Code *33760*

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 *Gene Thomas* *Gene Thomas, Vice President* *1/22/07*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDONATO, WILLIAM JR.	
STREET ADDRESS	2735 WHITNEY RD.	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREISLE, LORI	
STREET ADDRESS	2735 WHITNEY RD.	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NEVILLE, MIKE	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLENKE, GUY	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
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 10

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	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Priscoll, Pat	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simpson, Lori	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
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 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 617, 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: *Lori Simpson* **LORI SIMPSON** *1/22/07* *727-538-7370*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #