

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 042 ***158.75

DOCUMENT # P00000050066

1. Entity Name

ABC CONSULTING INTERNATIONAL, INC.



Principal Place of Business

2887 BROOKER ROAD
YULEE FL 32097

Mailing Address

1070 EMERALD PLACE
EVANS GA 30809



2. Principal Place of Business - No P.O. Box #

87031 BROOKER ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3655401

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIVERS, JAMES T
2887 BROOKER ROAD
YULEE FL 32097

Name

Street Address (P.O. Box Number is Not Acceptable)
87031 BROOKER ROAD

City

YULEE

FL

Zip Code

32097

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

GAIL D. CHIVERS VP

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CHIVERS, JAMES T
STREET ADDRESS 2887 BROOKER ROAD
CITY - ST - ZIP YULEE FL 32097

TITLE ☒ Change ☐ Addition
NAME 87031 BROOKER RD
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME CHIVERS, GAIL D
STREET ADDRESS 2887 BROOKER ROAD
CITY - ST - ZIP YULEE FL 32097

TITLE ☒ Change ☐ Addition
NAME 87031 BROOKER RD
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gail D. Chivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07

Date

706 651-0254

Daytime Phone #