

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057810

Entity Name: ABELAIRE OF LAKELAND, INC.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

457 HAVEN POINT DRIVE
SAINT PETERSBURG, FL 33706

New Principal Place of Business:

5055 GREENBRIAR TRAIL
MOUNT DORA, FL 32757

Current Mailing Address:

457 HAVEN POINT DRIVE
SAINT PETERSBURG, FL 33706

New Mailing Address:

5055 GREENBRIAR TRAIL
MOUNT DORA, FL 32757

FEI Number: 59-3659573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, FREDRICK J
457 HAVEN POINT DRIVE
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

ABEL, FREDRICK J
5055 GREENBRIAR TRAIL
MOUNT DORA, FL 32757 US

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:

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABEL, FREDRICK J
Address: 457 HAVEN POINT DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABEL, FREDRICK J
Address: 5055 GREENBRIAR TRAIL
City-St-Zip: MOUNT DORA, FL 32757

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: FREDRICK J ABEL

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date