

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90080 028 ***150.00

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1. Entity Name
ABM LIMITED, INC.



40013938

Principal Place of Business
1940 10TH AVE., SUITE C
VERO BCH, FL 32960

Mailing Address
1940 10TH AVE., SUITE C
VERO BCH, FL 32960

2. Principal Place of Business - No P.O. Box #
10212 Governor Lane Blvd

3. Mailing Address
10212 Governor Lane Blvd

Suite, Apt. #, etc.
1010

Suite, Apt. #, etc.
1010

City & State
Williamsport, MD

City & State
Williamsport, MD

Zip
21795

Country

Zip
21795

Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1047988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOFF, TERRY
1940 10TH AVE., SUITE C
VERO BCH, FL 32960

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
D
GOFF, TERRY
STREET ADDRESS
1940 10TH AVE., SUITE C
CITY-ST-ZIP
VERO BCH, FL 32960 ☐ Delete

TITLE
NAME
P
MCGARITY, CATHERINE G
STREET ADDRESS
13022 CATHEDRAL AVENUE
CITY-ST-ZIP
HAGERSTOWN, MD 21742 ☐ Delete

TITLE
NAME
V
MCGARITY, ALBERT P
STREET ADDRESS
13022 CATHEDRAL AVENUE
CITY-ST-ZIP
HAGERSTOWN, MD 21742 ☐ Delete

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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: Albert P. McGarity ALBERT P. MCGARITY 1/18/07 301-223-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone