


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000089297 1. Entity Name ABM LIMITED, INC.	
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Principal Place of Business 10212 GOVERNOR LANE BLVD 1010 WILLIAMSPORT, MD 21795	Mailing Address 10212 GOVERNOR LANE BLVD 1010 WILLIAMSPORT, MD 21795
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1047988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOFF, TERRY 1940 10TH AVE., SUITE C VERO BCH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGARITY, CATHERINE G 13022 CATHEDRAL AVENUE HAGERSTOWN, MD 21742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCGARITY, ALBERT P 13022 CATHEDRAL AVENUE HAGERSTOWN, MD 21742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000905855
05/01/08-80069-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Catherine G. McGarity* CATHERINE G. MCGARITY 4/13/08 301-223-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #