

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000105651**

1. Entity Name  
**ABC CONSTRUCTION OF ENGLEWOOD, INC.**



Principal Place of Business  
**6113 REISTERTOWN RD  
NORTH PORT, FL 34286**

Mailing Address  
**PO BOX 8084  
NORTH PORT, FL 34287**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1060118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARVEY, SHAWN  
6113 REISTERTOWN RD.  
NORTH PORT, FL 34286**

**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, 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	D
NAME	CARVEY, SHAWN
STREET ADDRESS	6113 REISTERTOWN RD.
CITY-ST-ZIP	NORTH PORT, FL 34286

TITLE	V
NAME	CARVEY, LARRY
STREET ADDRESS	6412 BLUEBERRY DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/07-80013-012 150.00

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**SHAWN T. CARVEY**

**1/5/7**  
Date

**941 429 5279**  
Daytime Phone #