## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000045167

FILED Jan 12, 2006 Secretary of State

Entity Name: A&BSI	JPPLY OF CENTRAL FLORIDA	A, INC.		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
806 EAST 13TH ST. APOPKA, FL 32703				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
806 EAST 13TH ST. APOPKA, FL 32703				
FEI Number: 59-3730136	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
CLEMENT, G. EDWARI 308 EAST FIFTH AVE. MT. DORA, FL 32757	O US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	

Title: Title: ( ) Delete (X) Change ( ) Addition ADAMS, ANTHONY W JR. ADAMS, ANTHONY W JR. Name: Name: 1200 ALBERTA ST. Address: 940 COUNTRY CHARM CIR. Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change ( ) Addition

ADAMS, AARON W ADAMS, AARON W Name: Name: Address: 1245 S. FLORAL WAY Address: 1245 S. FLORAL WAY APOPKA, FL 32703 APOPKA, FL 32703 City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition () Delete

Name: Name: ADAMS, SAMUEL C Address: Address: 313 W. WILLIAM AVE City-St-Zip: City-St-Zip: APOPKA, FL 32712

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: AARON W. ADAMS 01/12/2006 ST