

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-10-2008 90012048 \*\*\*150.00

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033374

1. Entity Name

A-B HOMES, INC.



Principal Place of Business

65 BOSTON LN.  
PALM COAST, FL 32137

Mailing Address

65 BOSTON LN.  
PALM COAST, FL 32137



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0565969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BARBOSA, JOAQUIM  
65 BOSTON LN.  
PALM COAST, FL 32137

**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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBOSA, JOAQUIM
STREET ADDRESS	65 BOSTON LN.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	VGT
NAME	ANTONIO RUIS, JOSE
STREET ADDRESS	94 ULINFIELD DR.
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

8/15/08  
Date

386 931 1956  
Daytime Phone

KS