

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 041 ***150.00

DOCUMENT # P02000062417 1. Entity Name ABBOTT & ASSOCIATES INC.			
Principal Place of Business 1651 BRIDGE ST ENGLEWOOD, FL 34223		Mailing Address 1651 BRIDGE ST ENGLEWOOD, FL 34223	
2. Principal Place of Business - No P.O. Box # 2041 Englewood Rd. Suite, Apt. #, etc. Sr. 36		3. Mailing Address 2041 Englewood Rd. Suite, Apt. #, etc. Sr. 36	
City & State Englewood, FL Zip 34223		City & State Englewood, FL Zip 34223	
Country USA		Country USA	
4. FEI Number 01-0710662		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIEDERSPIEL, JOAN 1651 BRIDGE ST ENGLEWOOD, FL 34223		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: <u><i>Joan Wiederspiel</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ☐ Delete WIEDERSPIEL, JOAN 1651 BRIDGE ST ENGLEWOOD, FL 34223	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <u><i>Joan Wiederspiel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7-10-08</u> Daytime Phone #	