


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90022 032 ***150.00

| | |
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| DOCUMENT # P02000077451 |  |
|--------------------------------|---|

1. Entity Name
ABILITY HUMAN DEVELOPMENT OF AMERICA CORP.

Principal Place of Business
**1315 LANDSTREET ROAD
ORLANDO, FL 32824**

Mailing Address
**7802 KINGSPONTE PARKWAY
SUITE #207-B
ORLANDO, FL 32819**



2. Principal Place of Business
2313 Clark Street

3. Mailing Address

Suite, Apt. #, etc.
B-13

Suite, Apt. #, etc.
#207-A

City & State
Apopka FL

City & State

Zip
32703

Country
USA

Zip

Country

02182004

Chg-P

CR2E034 (10/03)

4. FEI Number
42-1543170

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAO SERVICES, INC.
7802 KINGSPONTE PARKWAY
SUITE #207-B
ORLANDO, FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

#207-A

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | AZEVEDO, TIAGO K | |
| STREET ADDRESS | 2143 LAKE DEBRA - #1028 | |
| CITY-ST-ZIP | ORLANDO, FL 32835 | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2313 Clark Street B-13 |
| STREET ADDRESS | Apopka, FL 32703 |
| CITY-ST-ZIP | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | AZEVEDO, LUCIANA K | |
| STREET ADDRESS | 2143 LAKE DEBRA - #1028 | |
| CITY-ST-ZIP | ORLANDO, FL 32835 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2313 Clark Street B-13 |
| STREET ADDRESS | Apopka FL 32703 |
| CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

407/509-5926