

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90076 003 ***150.00



DOCUMENT # P02000121521			
1. Entity Name ABLE ERECTORS, INC.			
Principal Place of Business PO BOX 791 OSPREY, FL 34229		Mailing Address PO BOX 791 OSPREY, FL 34229	
2. Principal Place of Business 6010 EAST 63RD AVE.		3. Mailing Address PO BOX 572	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALMETTO FL		City & State ELLENTON FL	
Zip 34221	Country	Zip 34222	Country
6. Name and Address of Current Registered Agent BURGESS, BRIAN 1627 82ND ST. CT. E PALMETTO, FL 34221		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISK, DEBBIE PO BOX 791 OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 572 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.			
SIGNATURE: <i>Debrah Blisk</i>		Date 3/5/04 Daytime Phone # 941/721-3666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01192004 Chg-P CR2E034 (10/03)

4. FEI Number **61-1431284** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required