

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90332 047 ***150.00

DOCUMENT # P03000009401

1. Entity Name
ABBEY'S HOUSEKEEPING PERSONNEL, INC.



Principal Place of Business
2499 OLD LAKE MARY ROAD
SUITE 120
SANFORD, FL 32771 US

Mailing Address
2499 OLD LAKE MARY ROAD
SUITE 120
SANFORD, FL 32771 US

2. Principal Place of Business - No P.O. Box #
2201 South French Avenue

3. Mailing Address
2201 South French Avenue

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

City & State
Sanford, FL

City & State
Sanford, FL

Zip
32771-4289

Country
Seminole

Zip
32771-4289

Country
Seminole

04242008 Chg-P CR2E034 (12/06)

4. FEI Number
45-0498300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARTHER, WILLIAM C
2499 OLD LAKE MARY ROAD
SUITE 120
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name
Arther, William C.
Street Address (P.O. Box Number is Not Acceptable)
2201 South French Avenue
Suite 2
City Sanford FL Zip Code 32771-4289

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 William C. Arther, President

04/24/08

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, 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 ARTER, WILLIAM C ☐ Delete
STREET ADDRESS 1811 SUMMERLIN AVENUE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: William C. Arther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/08

Date

407-268-4435

Daytime Phone #