

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135517

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: M.D.R. ABBOTT'S CUSTOM RENOVATIONS, INC.

## Current Principal Place of Business:

7007 MATCHETT RD.  
BELLE ISLE, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

7007 MATCHETT RD.  
BELLE ISLE, FL 32809

## New Mailing Address:

FEI Number: 35-2220025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABBOTT, MARK  
7007 MATCHETT RD.  
BELLE ISLE, FL 32809 US

## Name and Address of New Registered Agent:

ABBOTT, MARK  
2825 SUMMER BROOKE WAY  
CASSELBERRY, FL 32707 US

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.

SIGNATURE: \_\_\_\_\_

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: ABBOTT, MARK  
Address: 7007 MATCHETT RD.  
City-St-Zip: BELLE ISLE, FL 32809

Title: VD ( ) Delete  
Name: ABBOTT, DON  
Address: 7007 MATCHETT RD.  
City-St-Zip: BELLE ISLE, FL 32809

Title: TSD ( ) Delete  
Name: ABBOTT, ROY  
Address: 7007 MATCHETT RD.  
City-St-Zip: BELLE ISLE, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: ABBOTT, MARK  
Address: 2825 SUMMER BROOKE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK C. ABBOTT

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date