

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135517

**FILED**  
**Apr 20, 2011**  
**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  
2825 SUMMER BROOKE WAY  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK C. ABBOTT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

04/20/2011

\_\_\_\_\_ Date