

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000142197

1. Entity Name  
ABM CONTRACTING, INC.



FILED

05 JUL 28 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~3613 SE 34TH CT~~  
OCALA, FL 34477

Mailing Address  
~~3613 SE 34TH CT~~  
OCALA, FL 34477

2. Principal Place of Business  
3901 SE 44th St

3. Mailing Address  
3901 SE 44th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
34480

Country

Zip  
34480

Country

07192005

Chg-P

CR2E034 (10/03)

4. FEI Number  
45-0529233

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MCDONELL, ARTHUR B  
~~3613 SE 34TH CT~~  
OCALA, FL 34477

Name

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

3901 SE 44th St

City

FL

Zip Code  
34480

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

*Arthur McDonnell* Art McDonnell, President 7/25/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME FANT, GUS C  
STREET ADDRESS 691 NE 142ND AVENUE  
CITY-ST-ZIP SILVER SPRINGS, 34 48871

TITLE D ☐ Delete  
NAME BAKER, JAMES A  
STREET ADDRESS 591 NE 140TH AVENUE  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE P ☐ Delete  
NAME MCDONELL, ARTHUR B  
STREET ADDRESS 3613 SE 34TH CRT  
CITY-ST-ZIP OCALA, FL 34471

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  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME HAROLD R MCDONELL  
STREET ADDRESS 10081 NE HWY 314  
CITY-ST-ZIP Silver Springs, FL 34488

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 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:

*Art McDonnell* Art McDonnell, President

DATE

Daytime Phone #

7/25/05 352 694/404