

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044198

FILED
Apr 29, 2009
Secretary of State

Entity Name: ABSOLUTE ENTERPRISES OF MARION COUNTY, INC.

Current Principal Place of Business:

514 SW 2ND AVE
OCALA, FL 34471

New Principal Place of Business:

530 N.E. 14TH STREET
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 3171
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-0828227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, FRANKIE
1759 N.E. JACKSONVILLE RD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

NICHOLSON, FRANKIE
530 N.E. 14TH STREET
OCALA, FL 34470 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: FRANKIE NICHOLSON

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, FRANKIE
Address: PO BOX 3171
City-St-Zip: OCALA, FL 34478

Title: V () Delete
Name: SZKUDLAREK, BRIAN
Address: PO BOX 3171
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANKIE NICHOLSON

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date