

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078238

**FILED**  
**Jan 10, 2005**  
**Secretary of State**

**Entity Name:** ABBLE LIMITED, INC.

**Current Principal Place of Business:**

15 BARKWOOD LANE  
PALM COAST, FL 32137

**New Principal Place of Business:**

1308 ANTRIM CIRCLE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P.O. BOX 354589  
PALM COAST, FL 32135

**New Mailing Address:**

1308 ANTRIM CIRCLE  
ORMOND BEACH, FL 32174

**FEI Number:** 54-1852386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, TIMOTHY J  
2 JUNGLE HUT ROAD  
STE 1  
PALM COAST, FL 32137 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLAU, BUTCH  
Address: 15 BARKWOOD LANE  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: CLAU, CHRISTINE  
Address: 15 BARKWOOD LANE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CLAU, BUTCH  
Address: 1308 ANTRIM CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: CLAU, CHRISTINE  
Address: 1308 ANTRIM CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE J. CLAU

D

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date