

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000116968

Entity Name: ABEL SURVEYING SERVICES, INC.

**FILED
Nov 13, 2008
Secretary of State****Current Principal Place of Business:**2155 VAN ORMAN DR
DELTONA, FL 32725**New Principal Place of Business:**2155 VAN ORMAN DR
DELTONA, FL 32725 US**Current Mailing Address:**2155 VAN ORMAN DR
DELTONA, FL 32725**New Mailing Address:**2155 VAN ORMAN DR
DELTONA, FL 32725 US

FEI Number: 51-0525360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:ABEL, WILLIAM H JR
2155 VAN ORMAN DR
DELTONA, FL 32725 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: D () Delete
Name: ABEL, WILLIAM H JR
Address: 2155 VAN ORMAN DR
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ABEL, KIMBERLY R
Address: 2155 VAN ORMAN DR
City-St-Zip: DELTONA, FL 32725 US

Title: D () Change (X) Addition
Name: ABEL, WILLIAM H JR
Address: 2155 VAN ORMAN DRIVE
City-St-Zip: DELTONA, FL 32725 US

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: WILLIAM H ABEL JR

D

11/13/2008

Electronic Signature of Signing Officer or Director

Date