

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 002 ***150.00

DOCUMENT # P04000139715

1. Entity Name
ABBEY OF LIVE OAK, INC.



Principal Place of Business
121 VAN BUREN STREET
LIVE OAK, FL 32064

Mailing Address
121 VAN BUREN STREET
LIVE OAK, FL 32064

40059449



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2684062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORY, ELLEN
121 VAN BUREN STREET
LIVE OAK, FL 32064

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
URI, DAVID E
121 VAN BUREN ST
LIVE OAK, FL 32064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CORY, ELLEN M
121 VAN BUREN ST
LIVE OAK, FL 32064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ellen M. Cory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

Date

386-322-1837

Daytime Phone #