

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155197

Entity Name: ABBCON INC SERVICES

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

11907 TREY DRIVE  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

11907 TREY DRIVE  
THONOTOSASSA, FL 33592

**New Mailing Address:**

FEI Number: 20-1870752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ABBOTT, CORRINNE  
11907 TREY DRIVE  
THONOTOSASSA, FL 33592      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:            ABBOTT, CORRINNE  
Address:        11907 TREY DRIVE  
City-St-Zip:    THONOTOSASSA, FL 33592

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

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

Title:            O/D            (X) Change ( ) Addition  
Name:            ABBOTT, CORRINNE  
Address:        11907 TREY DRIVE  
City-St-Zip:    THONOTOSASSA, FL 33592

Title:            AD            ( ) Change (X) Addition  
Name:            ABBOTT, RONALD L  
Address:        11907 TREY DRIVE  
City-St-Zip:    THONOTOSASSA, FL 33592

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: CORRINNE ABBOTT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

O/D

04/24/2008

\_\_\_\_\_ Date