

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000101554

1. Entity Name

A. B. CURLS COMPANY, INC.



Principal Place of Business

3907 HIGHWAY 98 SOUTH  
LAKELAND, FL 33813 US

Mailing Address

3907 HIGHWAY 98 SOUTH  
LAKELAND, FL 33813 US



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3174832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RICHING, GREGORY  
3907 HIGHWAY 98 SOUTH  
LAKELAND, FL 33813

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RICHING, GREGORY  
STREET ADDRESS 3907 HIGHWAY 98 SOUTH  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE CH D  
NAME CURLS, JOHNNIE  
STREET ADDRESS 3907 HIGHWAY 98 SOUTH  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE CEO D  
NAME CURLS, JOHNNIE JR  
STREET ADDRESS 3907 HIGHWAY 98 SOUTH  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE T D  
NAME HUNT, HAL H  
STREET ADDRESS 3907 HIGHWAY 98 SOUTH  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VP D  
NAME WOODARD, JAMES  
STREET ADDRESS 3907 HIGHWAY 98 SOUTH  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D  
NAME ODOM, ROBERT  
STREET ADDRESS 33813  
CITY-ST-ZIP LAKELAND, FL 33813

**DO NOT WRITE  
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: 1/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #