

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90396 020 \*\*\*150.00

**DOCUMENT # P05000120942**

1. Entity Name  
**ABELL PAINTING & DECORATING, INC.**



Principal Place of Business <b>1700 S. PALMETTO AVENUE          #12          SOUTH DAYTONA, FL 32119 US</b>	Mailing Address <b>1700 S. PALMETTO AVENUE          #12          SOUTH DAYTONA, FL 32119 US</b>
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2. Principal Place of Business <b>1655 S. Palmetto Ave.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1655 S. Palmetto Ave.</b> Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3403560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**HENRY, STACIE**  
**1700 S. PALMETTO AVENUE**  
**#12**  
**SOUTH DAYTONA, FL 32119**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1655 S. Palmetto Ave.**

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENRY, STACIE</b>		NAME	<b>1655 S. Palmetto Ave.</b>	
STREET ADDRESS	<b>1700 S. PALMETTO AVENUE #12</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTH DAYTONA, FL 32119</b>		CITY-ST-ZIP		
TITLE	<b>SVP</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ABELL, ROBERT</b>		NAME		
STREET ADDRESS	<b>1700 S. PALMETTO AVENUE #12</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTH DAYTONA, FL 32119</b>		CITY-ST-ZIP		
TITLE	<b>JVP</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MIRELES, DANNY</b>		NAME		
STREET ADDRESS	<b>6255 WILLIAMSON BLVD. #1337</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ORANGE, FL 32127</b>		CITY-ST-ZIP		
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUCHMAN, JOSEPH T</b>		NAME		
STREET ADDRESS	<b>295 POWERLINE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Stacie A. Henry 4-11-06 386-214-0482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #