

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P05000120942</b> 1. Entity Name <b>ABELL PAINTING &amp; DECORATING, INC.</b>					
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>		
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.			
City & State		City & State		4. FEI Number <b>20-3403560</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENRY, STACIE 1700 S. PALMETTO AVENUE #12 SOUTH DAYTONA, FL 32119</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1655 S. Palmetto Ave.</b> City <b>FL</b> 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 retreating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HENRY, STACIE</b> <b>1700 S. PALMETTO AVENUE #12</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>ABELL, ROBERT</b> <b>1700 S. PALMETTO AVENUE #12</b> <b>SOUTH DAYTONA, FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JVP</b> <b>MIRELES, DANNY</b> <b>6255 WILLIAMSON BLVD. #1337</b> <b>PORT ORANGE, FL 32127</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BUCHMAN, JOSEPH T</b> <b>295 POWERLINE DRIVE</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE</b> <i>Stacie Henry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>4-11-06</b> <b>386-214-0482</b> Date Daytime Phone #	