2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2006
Secretary of State

DOCUMENT# P05000153064

Entity Name: ABAL CONSTRUCTION, INC

Current Principal Place of Business:

51 ATLANTIC DR.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

51 ATLANTIC DR.
PALM COAST, FL 32137

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, DAVID A
51 ATLANTIC DR.
PALM COAST, FL 32137 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: P/T ( ) Delete
Name: LAMB, DAVID A
Address: 51 ATLANTIC DR.
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete
Name: LAMB, DAVID A
Address: 51 ATLANTIC DR.
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: LAMB, CYNTHIA
Address: 51 ATLANTIC DR.
City-St-Zip: PALM COAST, FL 32137

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: LAMB, DAVID A MR.
Address: 51 ATLANTIC DR.
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change ( ) Addition
Name: LAMB, DAVID A MR.
Address: 51 ATLANTIC DR.
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change ( ) Addition
Name: LAMB, CYNTHIA MRS.
Address: 51 ATLANTIC DR.
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Change (X) Addition
Name: RAINES, GREGORY F MR.
Address: 64 BROOKSIDE LANE
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Change (X) Addition
Name: RAINES, GREGORY F MR.
Address: 64 BROOKSIDE LANE
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Change (X) Addition
Name: LAMB, DAVID A MR.
Address: 51 ATLANTIC DRIVE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. LAMB MR. 07/02/2006
Electronic Signature of Signing Officer or Director Date