2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 04, 2007 8:00 am Secretary of State DOCUMENT # P05000155651 1. Entity Name 09-04-2007 90082 001 ***555.00 ABLE & READY, INC. TREE SERVICES & 09-04-2007 90082 002 *****8.75 **LANDSCAPING** Principal Place of Business Mailing Address 1313 SILVERADO 1313 SILVERADO N LAUDERDALE FL 33068 N LAUDERDALE FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number City & State City & State Applied For 20-3769483 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, PRECIOUS Street Address (P.O. Box Number is Not Acceptable) 1313 SILVERADO N LAUDERDALE FL 33068 City 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. Signature, typed or printed name of registered agent and little it applicable FILE NOW!!! FEE IS:\$550.00 S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 5, 2007 fate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete THE TITLE Addition Change NAME WILLIAMS, PRECIOUS NAME STREET ADDRESS 1313 SILVERADO STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-ZIP **VPD** TITLE ☐ Delete Change ☐ Addition NAME WILLIAMS, LORENZO STREET ADDRESS 1313 SILVERADO STREET ADDRESS N LAUDERDALE FL 33068 CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE Addition ____Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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

FILED