

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90147 013 \*\*\*150.00

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000016737</b>                         |  |
| 1. Entity Name<br><b>AABRAMS CHIMNEY SERVICES INC.</b> |                                                                                   |

|                                                                                     |                                                                  |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>121 CONCH KEY WAY<br/>SANFORD FL 32771<br/>US</b> | Mailing Address<br><b>121 CONCH KEY WAY<br/>SANFORD FL 32771</b> |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|



|                                                                            |                                                |
|----------------------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>125 Conch Key Way</b> | 3. Mailing Address<br><b>125 Conch Key Way</b> |
| Suite, Apt. #, etc.                                                        | Suite, Apt. #, etc.                            |

1st MOORE CR2E034 (10/07)

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Sanford Fla.</b> | City & State<br><b>Sanford Fla.</b> |
| Zip<br><b>32771</b>                 | Zip<br><b>32771</b>                 |
| Country<br><b>U.S.A.</b>            | Country<br><b>U.S.A.</b>            |

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-4312359</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>HARRIS, BERNARD<br/>121 CONCH KEY WAY<br/>SANFORD FL 32771</b> |  |
|----------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| 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                                                                                                                                                                                                                     | DATE |

|                                                                                                                                                 |                                                                                                                        |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/VP<br>HARRIS, NAYA<br>121 CONCH KEY WAY<br>SANFORD FL 32771 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HARRIS, NAYA<br>121 CONCH KEY WAY<br>SANFORD FL 32771 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br>HARRIS, BERNARD<br>121 CONCH KEY WAY<br>CASSELBERRY FL 32771 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HARRIS, BERNARD<br>121 CONCH KEY WAY<br>SANFORD FL 32771 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Bernard Harris Bernard Harris</b> 4-10-08 407 547-2523                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |