

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90004 002 ***150.00

DOCUMENT # P06000101205					
1. Entity Name ABBOTT AUTOMOTIVE INC					
Principal Place of Business 1402 EAST GARY RD LAKELAND, FL 33801			Mailing Address P O BOX 2051 EATON PARK, FL 33840		
2. Principal Place of Business - No P.O. Box # 1402 EA SAME		3. Mailing Address 1402 EAST GARY RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lakeland FL.		4. FEI Number 20-5313680	
Zip		Country 33801 USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERMILLERA, CHARLES W JR 6705 CRESENT LAKE DR LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name: <u>STEVE ABBOTT (owner)</u> Street Address (P.O. Box Number is Not Acceptable): <u>6317 MICHAEL LANE</u> City: <u>Lake land</u> FL Zip Code: <u>33811</u>		
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: <u>Steve Abbott</u> <u>STEVE ABBOTT (P) (owner)</u> <u>6-12-07</u> Signature typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when terminating)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P ABBOTT, STEVE O 6317 MICHAEL LANE LAKELAND, FL 33811	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BAILEY, JEFFREY A 733 MISSISSIPPI AVE LAKELAND, FL 33801	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TREA VERMILLERA, CHARLES W JR 6705 CRESENT LAKE DR LAKELAND, FL 33813	☐ Delete			
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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: <u>Steve Abbott</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>6-12-07</u> (863) 682-0291 Daytime Phone #		