


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90017 034 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P07000021616 | |  |
| 1. Entity Name ABSOLUTE BUILDING CONCEPTS INC. | | |
| Principal Place of Business 3210 SE OTIS LANE PORT SAINT LUCIE, FL 34984 | | Mailing Address 3210 SE OTIS LANE PORT SAINT LUCIE, FL 34984 |



| | | | | | | |
|--|---------|---------------------|---------|---|-------|-------------------------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 01032008 | Chg-P | CR2E034 (12/06) |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEL Number 20-8579931 | | Applied For Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| Zip | Country | Zip | Country | | | |

| | | | |
|--|--|--|-----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MENEFEE, RICHARD L 3210 SE OTIS LANE PORT SAINT LUCIE, FL 34984 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD MENEFEE, RICHARD L 3210 SE OTIS LANE PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPTD WILKERSON, LAUREN D 3210 SE OTIS LANE PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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: *Lauren Wilkerson* **Lauren Wilkerson** **3/04/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #