


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 040 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P07000048277</b><br>1. Entity Name<br><b>ABALONE HOME, INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>25 CHEROKEE TRAIL<br/>ORMOND BEACH, FL 32174</b>   |   |   | Mailing Address<br><b>25 CHEROKEE TRAIL<br/>ORMOND BEACH, FL 32174</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>12 Arbor Lake Park</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>12 Arbor Lake Park</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>Ormond Beach, FL</b><br>Zip <b>32174</b> Country  |   | City & State<br><b>Ormond Beach, FL</b><br>Zip <b>32174</b> Country   |  | 4. FEI Number<br><b>20-8924150</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STEPHENS, MARY E.<br/>25 CHEROKEE TRAIL<br/>ORMOND BEACH, FL 32174</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12 Arbor Lake Park</b><br>City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b> |   |  |
| 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.<br>SIGNATURE <u><i>M. Stephens</i></u> <b>Mary E. Stephens</b> <b>President</b> <b>3/25/08</b><br><small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>STEPHENS, MARY E</b><br><b>25 CHEROKEE TRAIL</b><br><b>ORMOND BEACH, FL 32174</b>                |   | TITLE <b>Pres</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>12 Arbor Lake Park</b><br><b>Ormond Beach, FL 32174</b>                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TREASURER</b> <input type="checkbox"/> Delete<br><b>Scheidegger William R.</b><br><b>12 Arbor Lake Park</b><br><b>Ormond Beach, FL 32174</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" 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                 |  |
| 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                 |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u><i>M. Stephens</i></u> <b>Mary E. Stephens, Pres</b> <b>3/25/08</b> <b>386-523-4502</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |  |

**58002185**



03252008 Chg-P CR2E034 (12/06)