

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029195

FILED
Apr 12, 2011
Secretary of State

Entity Name: ABLE PROTECTION PLAN, INC.

Current Principal Place of Business:

1550 CASSAT AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

1550 CASSAT AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-2679934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIMNIGHT, LEE A
1550 CASSAT AVE.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: NIMNIGHT, BILLIE N III
Address: 1550 CASSAT AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: NIMNIGHT, LEE A
Address: 1550 CASSAT AVE.
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE A NIMNIGHT

D

04/12/2011

Electronic Signature of Signing Officer or Director

Date