

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000072084

Entity Name: ABOVE & BIONDO, INC.

**FILED**  
**Aug 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1216 WYOMING AVE  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1616  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 32-0257685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIONDO, THOMAS C  
1923 SIKI DEER  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

BIONDO, THOMAS C  
95 MAGNOLIA GLEN  
QUINCY, FL 32352 US

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

08/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BIONDO, ANDREW T  
Address: 1216 WYOMING AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

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: ANDREW T. BIONDO

PRES

08/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date