## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jun 05, 2008 8:00 am Secretary of State

DOCUMENT # P93000014594  1. Entity Name ADVANCED BUILDING COMPANY OF NORTH FLORIDA, INC.					06-05-2008 90	002 034 ***150	J.00
Principal Place 4535 SR 207 ELKTON, FL	7	Mailing Address 4535 SR 207 ELKTON, FL 32033	US				
<u> </u>	<b>S.R.</b> 207 lace of Business - No P.O. Box #	4535 SR 3	207				
Suite, Apt. ELK7 City & State	DN, FL,	Suite, Apt. #, etc. ELKTON City & State	FL,	05272008	Chg-P	CR2E034 (12/06)	oplied For
zip 32	033 Country 1/5A	Zip 32033	Country USA	59-317		<del>  -   -  </del>	ot Applicable ditional
, -	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Reg	Istered Agent	
4535	REN T, MICHAEO ' 5,R, 207 ION, FL . 32033		Street Ad	1/4/2/E/1/ dress (P.O. Box Numb 135 5/2/	er is Not Acceptable)	AEL JR	
Eur	01,16,10099		City (2)	V-MAI		FL Zip Cod	פיביות פ
8. The above	named entity submits this statement for	r the purpose of changing its r	registered office or r	egistered agent, or bo	th, in the State of Florid	<u> </u>	and accept
	ions of registered agent.		``				
SIGNATURE	WARREN T, MICHAE Signature, typed or printed name of registered agent a		ENT): Registered Agent signature	a required when reinstation	4	12/08	
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May Be Added to Fees	In accordance with corporation did no	n s. 607.193(2)(b), t receive the prior r	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	PCEO	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	MICHAEL, WARREN T 4535 SR 207		name Street address				
CITY-ST-ZIP	ELKTON, FL 32033		CITY-ST-ZIP				ļ
TITLE	VP	Delete	TITLE		·	Change	☐ Addition
NAME STREET ADDRESS	MICHAEL, HEATHER D 4535 SR 207	<b>, ,</b>	NAME STREET ADDRESS				
CITY-ST-ZIP	ELKTON, FL 32033		CITY-ST-ZiP				
TITLE	·	☐ Delete	TITLE NAME			☐ Change	☐ Addition
NAME Street Address			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
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TITLE NAME		Detete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				<del>, , ,  </del>
indicated	certify that the information supplied with on this report or suppliemental report is poration of the receiver or trustee empt , or on an attachment with an address, y	true and accurate and that m	iv sionature shall ha	ve the same legal elle	ct as it made under oat	n: (nat ) am an oiticer	or director

## ATTACHMENT 600 44067 ADVANCED BUILDING COMPANY OF NORTH FLORIDA INC. 4535 SR 207 ELKTON, FL 32033

May 23, 2008

Florida Department of State

P. O. Box 6327

Tallahassee, FL 32314

Document #P930000143594 RE:

Approximately 3 weeks ago-I-called your office to obtain a renewal application for my annual report filing. As of this date I have not received the renewal form. I went on line and printed a generic form which is enclosed together with my check for \$150.00.

Please process this application.

Very truly yours,

Warren T. Michael Jr.

President

ATTACHMENT (140/17)

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FLORIDA DEP DIVISION OF			TE	Sunbiz.					
Home Conta	ict Us	E-Filing Ser	vices	Document Searches	Forms	Help			
Annual Rep		) )	ing						
		ED BUILDING	G COMPANY	OF NORTH FLORIDA, IN	IC.				
	tity did no	t receive pi		6400.00 is imposed, Please check this l					
FEI Number 59	- 3173342	1							
FEI Number Status	Listed All	oove O Appli	ied For 〇 N	ot Applicable					
Certificate of Status	\$ 75 (6	Intional)							
			navibution (	) Van ONa					
Principal Place	_		intribution (	Tes Wino					
Address	4535 SR 20			(PO Box not acce	ntable)				
Suite, Apt. #, etc.		unnunan unununununununun		(I O DOX HOT GOOD)	plablo)				
City, State	ELKTON		FL	······································					
Zip Code & Country	,	US	,						
Mailing Addres	,								
	 ess is the sa	me as the pri	incipal addre	ss above, please check	the box below. Oth	erwise, enter			
☐ Mailing address	same as pri	ncipal addres	ss						
Address	4535 SR 20	7							
Suite, Apt. #, etc.									
City, State	ELKTON		, FL	90° 1					
Zip Code & Country	32033	US							
Name And Add	ress of F	Registered	l Agent						

www.sunbiz.org - Department of	State	ATTACH	MENT	60044	047	
Name (Last, First, Middle, Title)	WARREN	MICH	AEL T	1930000 IR	14594	
Business tó serve as RA						
Street Address In Florida	4535 SR 20	7	TANK BELIEF CHILD BELIEF BELIEF CONTROL	(PO Box not	acceptable)	
Suite, Apt. #, etc.	. Mark -	1 1000000000000000000000000000000000000	a to commence to security	s		
City, State	ELKTON		, FL			
Zip Code & Country	FL 32033	US				
If there is a change in registered agen Signature' block below to accept the d name. If the RA is a business entity, a its own RA.	lesignation of	registered agent.	RA signature m behalf. A busine	ust be an individual	ve as	
Registered Agent Signature			Warre	n I. Michael,	Jr.	
This signature must be that of the the full knowledge and permission s.831.06, Florida Statutes.	individual "s of the indivi	igning" this doc idual, otherwise	ument electron it constitutes for	ically or be made orgery under	with	
Officer/Director Name A Name And Address #1	nd Addr	ess				
Title	PC	CEO				
Name (Last, First, Middle, Title)	M	MICHAEL WARREN T TR.				
- OR - Entity Name to serve as Officer/	Director /	DVAMED I	BUILDING	CO OF NO FL	, INC	
Street Address	45	35 SR 207				
City, State	El	KTON		FL		
Zip Code & Country		2033				
Name And Address #2 Title		and the second		and the second		
Name (Last, First, Middle, Title)			1			
- OR - Entity Name to serve as Officer/	Director			.		
Street Address						
City, State	! 	er i r i r i r i r i r i r i r i r i r i		and the second s		
Zip Code & Country	! !					

www.sunbiz.org - Department of State	ALIACHMENT	6004406	rage 4 0
Entity Name to serve as Officer/Director	ADVANCED BUILDING L	-938008/4 20.00 N.FL, INC	594
Street Address	4535 SN 207		
City, State	ELICTON PL 3203	3	
Zip Code & Country	32033 USA		
An individual named above or an individual sign in the 'Officer/Director Signature' block below. A Title PRES  Officer/Director Signature  This signature must be that of the individual the full knowledge and permission of the incis.831.06, Florida Statutes. The individual "sherein are true.  Continue	Warre I "signing" this document electror dividual, otherwise it constitutes	n T. Michael, Jr.  nically or be made with forgery under at the facts stated	eset

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