

2006 Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 AM 8:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046864

1. Corporation Name

Abash Enterprises, Inc.

2. Principal Office Address

10391 Orange River Blvd P.O. Box 51246

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft Myers, Florida

Zip

33905 Lee

City & State

Ft Myers, FL

Zip

33994-1246 Lee

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

65-0499952

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

06

7. Name and Address of Current Registered Agent

Name

James T. McCarthy

Street Address (P.O. Box Number is Not Acceptable)

10391 Orange River Blvd

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33905

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Robert P McCarthy	8161 Cleaves Rd	N. Ft Myers, FL 33903
V.P.	James T. McCarthy	10391 Orange River Blvd	Ft Myers, FL 33905

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James T. McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Date

Daytime Phone #

B. Mitchell MAY 12 2006