

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000082111

1. Entity Name
ABG ENTERPRISES, INC.



Principal Place of Business
**1302 W SLIGH AVENUE, STE. C
ATTN: MICHAEL D. WARD
TAMPA, FL 33604**

Mailing Address
**1302 W SLIGH AVENUE, STE. C
ATTN: MICHAEL D. WARD
TAMPA, FL 33604**



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3277323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WARD, MICHAEL D
1302 W SLIGH AVE
STE C
TAMPA, FL 33604**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DICKSON, LAWRENCE F
3203 BAYSHORE BLVD
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HALL, WILBUR
2117 CARROLL GARDEN LANE
TAMPA, FL 33612**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

000000413331
02/10/06-80092-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #