

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2007 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



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3277323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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)

U00000580832
01/10/07-80064-005 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DICKSON, LAWRENCE F
STREET ADDRESS	3203 BAYSHORE BLVD
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	D
NAME	HALL, WILBUR
STREET ADDRESS	2117 CARROLL GARDEN LANE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

LAWRENCE F. DICKSON 1/8/07 813.571.1807

Date

Daytime Phone #