

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000034456

1. Entity Name
ABEL & ABEL, INC.



Principal Place of Business
1441 TAMiami TRL, # 623
PORT CHARLOTTE, FL 33948

Mailing Address
112 SEQUOYAH DR
PORT CHARLOTTE, FL 33954

FILED
Feb 19, 2007 08:00 AM
Secretary of State



02122007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0579478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABEL, GREG G
112 SEQUOYAH DR
PORT CHARLOTTE, FL 33954

**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, 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	ABEL, GREG G
STREET ADDRESS	112 SEQUOYAH DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	D
NAME	ABEL, MICHAEL E
STREET ADDRESS	2695 ROXBURY CIR
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80072-009 150.00

**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:

Greg Abel Greg Abel

2/17/07

741 809-8856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone