

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90006 039 ***150.00

DOCUMENT # P95000069088

1. Entity Name
AABCO YARD & HOUSE CLEANING, INC.



Principal Place of Business
**271 NW 1ST
DEERFIELD BEACH, FL 33441**

Mailing Address
**271 NW 1ST
DEERFIELD BEACH, FL 33441**

40129762



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0607892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOPFER, PAUL
1700 UNIVERSITY DR.
CORAL SPRINGS, FL 33071**

Name
Daniel A. Coyne CPA
Street Address (P.O. Box Number is Not Acceptable)
9357 W. Sample Rd

City **Coral Springs**

FL

Zip Code
33065

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

Daniel A. Coyne

CPA

7/5/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FAMULARO, RAYMOND
1303 S W 1ST WAY
DEERFIELD BEACH, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
271 NW 1st Street ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07

9744268500

Date

Daytime Phone #