

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079823

FILED
Feb 18, 2008
Secretary of State

Entity Name: ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.

Current Principal Place of Business:

14041 A NO. DALE MABRY HWY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

5300 HOLLISTER
SUITE 400
HOUSTON, TX 77040 US

New Mailing Address:

FEI Number: 59-3338700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BREAUX, KRAIG
14041 A NO. DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ABERCROMBIE, JAMES T
Address: 11532 CR 408
City-St-Zip: CALDWELL, TX 77836

Title: VP () Delete
Name: COOPER, JAMES
Address: 9176 PROSPERITY LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: JERRY, BROOKS
Address: 129 DEER RIDGE DR.
City-St-Zip: LA VERNIA, TX 78121 US

Title: T () Delete
Name: HIMES, LESLIE
Address: 9302 TASCOSA LANE
City-St-Zip: HOUSTON, TX 77064

Title: VP () Delete
Name: BREAUX, KRAIG S 2ND VP
Address: 23518 VISTAMAR CT
City-St-Zip: LAND O LAKES, FL 34639 US

Title: VP () Delete
Name: KINANE, WILLIAM 3RD VP
Address: 1206 S 10TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GERALD, WELCH
Address: 2710 BILLINGHAM
City-St-Zip: LAND O LAKES, FL 34639

Title: S (X) Change () Addition
Name: MONICA, ABERCROMBIE
Address: 12534 MILLRIDGE PINES CT.
City-St-Zip: HOUSTON, TX 77070 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE HIMES

Electronic Signature of Signing Officer or Director

TREA

02/18/2008

Date