


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000094977

1. Entity Name
ABSOLUTE HOLDINGS OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address

**C/O WILLIAM E WRIGHT
 13500 CHELMSFORD ST
 WELLINGTON FL 33414
 US**

**C/O WILLIAM E WRIGHT
 13500 CHELMSFORD ST
 WELLINGTON FL 33414
 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For / Not Applicable

65-0629231

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

6. Name and Address of Current Registered Agent

**WRIGHT, WILLIAM
 13500 CHELMSFORD STREET
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WRIGHT, WILLIAM C/O COLONY RLTY, 12230 FOREST HILL STE 101 WELLINGTON FL 33414 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS ELLIOTT, RICHARD 13150 DOUBLETREE CIRCLE WELLINGTON FL 33414 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an en attachment with an address with all other like empowered.

SIGNATURE: *William Wright VP* 3/6/06 561-793-4466