

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103700

Entity Name: ABEL IMPROVEMENTS, INC.

FILED  
Aug 31, 2008  
Secretary of State

**Current Principal Place of Business:**

2312 CRESCENT RIDEG RD  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2312 CRESCENT RIDEG RD  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-3425026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUMER, BARRY N  
101 YELKCA TERRACE  
SUITE B  
EDGEWATER, FL 32132 US

**Name and Address of New Registered Agent:**

ABEL, STEVE  
2312 CRESCENT RIDGE RD.  
DAYTONA BEACH, FL 32118 US

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: STEVE ABEL

08/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABEL, STEVE  
Address: 2312 CRESCENT RIDGE RD  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VPST ( ) Delete  
Name: ABEL, CAROLYN  
Address: 2312 CRESCENT RIDGE RD  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Delete  
Name: HUNTER, HAROLD W  
Address: 656 LPGA BLVD.  
City-St-Zip: HOLLY HILL, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: STEVE ABEL

PD

08/31/2008

Electronic Signature of Signing Officer or Director

Date