

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000002177**

1. Entity Name  
**ABELL'S FLOOR COVERING, INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1040 S. VOLUSIA AVENUE** **1040 S. VOLUSIA AVENUE**  
**ORANGE CITY FL 32763** **ORANGE CITY FL 32763**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_  
 City & State \_\_\_\_\_ City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

4. FEI Number **59-2880529** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ABELL, WILLIAM C**  
**5675 N. HWY 11**  
**DE LEON SPRINGS FL 32130**

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | P                       | <input type="checkbox"/> Delete |
| NAME            | ABELL, WILLIAM C        |                                 |
| STREET ADDRESS  | 5675 N HWY 11           |                                 |
| CITY - ST - ZIP | DELEON SPRINGS FL 32130 |                                 |
| TITLE           | V                       | <input type="checkbox"/> Delete |
| NAME            | ABELL, III, WILLIAM C   |                                 |
| STREET ADDRESS  | 1568 EUCLID AVE         |                                 |
| CITY - ST - ZIP | DELAND FL 32763         |                                 |
| TITLE           | V                       | <input type="checkbox"/> Delete |
| NAME            | ABELL, NATHANIEL T      |                                 |
| STREET ADDRESS  | 5675 N HWY 11           |                                 |
| CITY - ST - ZIP | DELEON SPRINGS FL 32130 |                                 |
| TITLE           | ST                      | <input type="checkbox"/> Delete |
| NAME            | STROUD, MARILYN         |                                 |
| STREET ADDRESS  | 956 SPRINGBANK AVENUE   |                                 |
| CITY - ST - ZIP | ORANGE CITY FL 32763    |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                           |   |
|-----------------|---------------------------|---|
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  | 000000192967              |   |
| CITY - ST - ZIP | 01/25/05-80041-017 150.00 |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: William C. Abell **William C. Abell** 1/20/05 386-774-7707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #