


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000002177 1. Entity Name ABELL'S FLOOR COVERING, INC.	
---	---



Principal Place of Business 1040 S. VOLUSIA AVENUE ORANGE CITY FL 32763	Mailing Address 1040 S. VOLUSIA AVENUE ORANGE CITY FL 32763
---	---

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE CR2E034 (10/05)
City & State	City & State	4. FEI Number 59-2880529 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P ABELL, WILLIAM C	<input type="checkbox"/>
STREET ADDRESS	5675 N HWY 11	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE NAME	V ABELL, III, WILLIAM C	<input type="checkbox"/>
STREET ADDRESS	1588 EUCLID AVE	
CITY-ST-ZIP	DELAND FL 32763	
TITLE NAME	V ABELL, NATHANIEL T	<input type="checkbox"/>
STREET ADDRESS	5675 N HWY 11	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE NAME	ST STROUD, MARILYN	<input type="checkbox"/>
STREET ADDRESS	956 SPRINGBANK AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

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

UD0000424281
02/18/06-80040-025 150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Stroud Marilyn Stroud 2/7/06 386-774-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #