

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002177

FILED  
Mar 18, 2010  
Secretary of State

Entity Name: ABELL'S FLOOR COVERING, INC.

**Current Principal Place of Business:**

1040 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1040 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 59-2880529      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ABELL, WILLIAM C  
5675 N. HWY 11  
DE LEON SPRINGS, FL 32130    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: P  
Name: ABELL, WILLIAM C  
Address: 5675 N HWY 11  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: V  
Name: ABELL, III, WILLIAM C  
Address: 1568 EUCLID AVE  
City-St-Zip: DELAND, FL 32763

Title: V  
Name: ABELL, NATHANIEL T  
Address: 5675 N HWY 11  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: ST  
Name: STROUD, MARILYN  
Address: 956 SPRINGBANK AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: MARILYN STROUD

ST

03/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date