2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90127 025 ***158.75

DOCUMENT # P97000097405

1. Entity Name
ABEL NURSING AGENCY, INC.

Principal Place of Business	Mailing Address
1520 BOTTLEBRUSH DRIVE SUITE 2E PALM BAY, FL 32905	1520 BOTTLEBRUSH DRIVE SUITE 2E PALM BAY, FL 32905

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		1520 Bottlebrush Dr.	
		Ste 2E	
City & State		City & State: Palm Bäy Florida	
Zip	Country	Zip: 32905	Country: Brevard

4. FEI Number: 59-3478121 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALLIMORE, HYACINTH DON
CONDO 111
1480 MALIBU VILLA
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name: Norma Smith
Street Address (P.O. Box Number is Not Acceptable): 724 Rebab Avenue NE
City: Palm Bay FL Zip Code: 32907

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: [signature] Norma Smith 03/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVP SMITH, NORMA B 1520 BOTTLEBRUSH DRIVE N.E., STE 2A PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DON GALLIMORE, HYACINTH 1480 MALIBU VILLA, CONDO 111 PALM BAY, FL 32905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Grace Smith 1520 BottleBrush Drive NE Palm Bay FL. 32905	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Norma Smith 03/17/05 321 984 1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #