

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035357

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ABSOLUTE BUILDING SERVICE, INC.

**Current Principal Place of Business:**

1433 FOREST EDGE BOULEVARD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

1433 FOREST EDGE BOULEVARD  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3506371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACCOUNTING & TAX HELP INC  
8668 PARK BLVD STE A  
SEMINOLE, FL 33777 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 ( ) Delete  
Name: EVANS, J. RONALD  
Address: 1433 FOREST EDGE BOULEVARD  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: EVANS, SANDRA  
Address: 1433 FORESTEDGE BLVD.  
City-St-Zip: OLDSMAR, FL 34677

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: SANDRA EVANS

VP

04/25/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date