

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072108

Entity Name: ABL INSPECTIONS, INC.

FILED
May 19, 2005
Secretary of State

Current Principal Place of Business:

4050 INDIGO DRIVE
103
PENSACOLA, FL 32507

New Principal Place of Business:

4121 SPINNAKER PL
PENSACOLA, FL 32507

Current Mailing Address:

4050 INDIGO DRIVE
103
PENSACOLA, FL 32507

New Mailing Address:

4121 SPINNAKER PL
PENSACOLA, FL 32507

FEI Number: 59-3532217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTT, BOBBY G
4050 INDIGO DRIVE
103
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

MOTT, BOBBY G
4121 SPINNAKER PL
PENSACOLA, FL 32507 US

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:

05/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOTT, BOBBY G
Address: 4050 INDIGO DRIVE #103
City-St-Zip: PENSACOLA, FL 32507

Title: V () Delete
Name: WILLIAM, ROBERT M
Address: 3061 TEAL COURT
City-St-Zip: MOBILE, AL 36695

Title: S () Delete
Name: DANIEL, HENRY M
Address: 5437 OAKMONT DR
City-St-Zip: MILTON, FL 32571

Title: T () Delete
Name: NELSON, ROBERT E
Address: 1474 HWY 97 S
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOTT, BOBBY G
Address: 4121 SPINNAKER PL
City-St-Zip: PENSACOLA, FL 32507

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOBBY G MOTT

D

05/19/2005

Electronic Signature of Signing Officer or Director

Date