
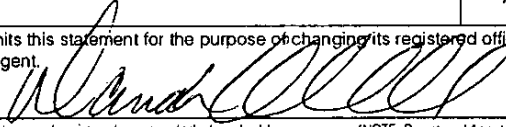
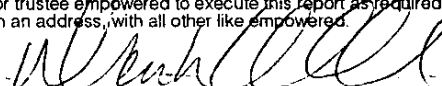


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 007 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P98000077202 1. Entity Name ABELL HOME LOANS, INC. | | | |  | |
| Principal Place of Business 1034 KOKOMO KEY LN DELRAY BEACH FL 33483 | | | Mailing Address 860 KOKOMO KEY LANE DELRAY BEACH FL 33483 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1034 Kokomo Key Ln. Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Delray Bch, FL Zip 33483 | | 4. FEI Number 65-0864297 | |
| Country Zip | | Country USA | | 5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ABELL, DARRAH 860 KOKOMO KEY LANE DELRAY BEACH FL 33483 | | | 7. Name and Address of New Registered Agent Name Darrah Abell Street Address (P.O. Box Number is Not Acceptable) 1034 Kokomo Key Ln. City Delray Bch FL Zip Code 33483 | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ABELL, ELLEN M 355 HOMEWOOD BLVD DELRAY BEACH FL 33445 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ABELL, DARRAH A 860 KOKOMO KEY LANE DELRAY BEACH FL 33483 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/V/T/S Abell, Darrah A 1034 Kokomo Key Ln. Delray Bch, FL 33483 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ABELL, GEORGE R. 355 HOMEWOOD BLVD DELRAY BEACH FL 33483 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MURRAY, DEIRDRE 317 SE 34TH AVE DELRAY BEACH FL 33483 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | 2/23/05 561-279-1264 Date Daytime Phone # | | |