

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000085701

1. Entity Name
ABSOLUTE PROPERTY HOLDINGS, INC.



Principal Place of Business

12950 RACETRACK RD
STE 201
TAMPA, FL 33626 US

Mailing Address

12950 RACETRACK RD
STE 201
TAMPA, FL 33626 US

FILED
Apr 11, 2008 08:00 AM
Secretary of State



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3539071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALSH, PATRICK J
12950 RACETRACK RD
STE 201
TAMPA, FL 33626

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00

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

000000891094
04/23/08-80011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SERRABELLA, JAMES A
STREET ADDRESS 12950 RACETRACK RD
CITY-ST-ZIP TAMPA, FL 33626

TITLE VS
NAME WALSH, PATRICK J
STREET ADDRESS 12950 RACETRACK RD
CITY-ST-ZIP TAMPA, FL 33626

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 727-422-1011

Date

Daytime Phone #