

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90034 018 ***150.00

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1. Entity Name

ABRA GLOBAL ENTERPRISES, INC.



Principal Place of Business

5270 JULINGTON CRK RD.
JACKSONVILLE FL 32223

Mailing Address

5270 JULINGTON CRK RD.
JACKSONVILLE FL 32223

2. Principal Place of Business

5131 ROGERS TRAIL

Suite, Apt. #, etc.

3. Mailing Address

5131 ROGERS TRAIL

Suite, Apt. #, etc.

City & State

MACLENNY FLORIDA

City & State

MACLENNY FLORIDA

Zip

32063

Country

USA

Zip

32063

Country

USA

4. FEI Number

59-3612055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

TERRY, MICHAEL J
5270 JULINGTON CREEK RD.
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

TERRY, MICHAEL J

Street Address (P.O. Box Number is Not Acceptable)

5131 ROGERS TRAIL

City

MACLENNY

FL

Zip Code

32063

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TERRY, MICHAEL J
STREET ADDRESS 5270 JULINGTON CREEK RD.
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME TERRY, MICHAEL J.
STREET ADDRESS 5131 ROGERS TRAIL
CITY-ST-ZIP MACLENNY FLA 32063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael J Terry MICHAEL J TERRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-06

Date

Daytime Phone #