


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 035 ***550.00

DOCUMENT # S30286					
1. Entity Name ABEL HOLDINGS, INC.					
Principal Place of Business 106 LITTLE OAK TRAIL HOT SPRINGS, AR 71913-7192 US			Mailing Address 106 LITTLE OAK TRAIL HOT SPRINGS, AR 71913-7192 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0240299	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109-7874			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABEL, EDWARD W		NAME		
STREET ADDRESS	106 LITTLE OAK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	HOT SPRINGS, AR 719137192		CITY-ST-ZIP		
TITLE	VP/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABEL, BETH L		NAME		
STREET ADDRESS	106 LITTLE OAK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	HOT SPRINGS, AR 719137192		CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABEL, BRADLEY H		NAME		
STREET ADDRESS	4442 DOUGLAS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RACINE, WI 53402		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABEL, EDWARD W JR		NAME	Edward W, Abel Jr.	
STREET ADDRESS	115 MIDDLETON STREET		STREET ADDRESS	115 First Street	
CITY-ST-ZIP	HOT SPRINGS, AR 71901		CITY-ST-ZIP	Hot Springs, AR 71913	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINSMEIER, BRENDA L		NAME		
STREET ADDRESS	5404 BOLD VENTURE PL.		STREET ADDRESS		
CITY-ST-ZIP	WESLET CHAPEL, FL 33544		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Edward W. Abel</i>		Edward W. Abel		7-5-06 501-525-8628	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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