

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30286

FILED
Apr 09, 2009
Secretary of State

Entity Name: ABEL HOLDINGS, INC.

Current Principal Place of Business:

106 LITTLE OAK TRAIL
HOT SPRINGS, AR 719137192 US

New Principal Place of Business:

Current Mailing Address:

106 LITTLE OAK TRAIL
HOT SPRINGS, AR 719137192 US

New Mailing Address:

FEI Number: 65-0240299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 341097874 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABEL, EDWARD W
Address: 106 LITTLE OAK TRAIL
City-St-Zip: HOT SPRINGS, AR 719137192 US

Title: VP/S () Delete
Name: ABEL, BETH L
Address: 106 LITTLE OAK TRAIL
City-St-Zip: HOT SPRINGS, AR 719137192 US

Title: T/D () Delete
Name: ABEL, BRADLEY H
Address: 4442 DOUGLAS AVENUE
City-St-Zip: RACINE, WI 53402

Title: D () Delete
Name: ABEL, EDWARD W JR
Address: 115 FIRST STREET
City-St-Zip: HOT SPRINGS NATIONAL PARK, AR 71913

Title: D () Delete
Name: LINSMEIER, BRENDA L
Address: 5404 BOLD VENTURE PL.
City-St-Zip: WESLET CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: EDWARD W. ABEL

Electronic Signature of Signing Officer or Director

PRES

04/09/2009

_____ Date