

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # V70246

1. Entity Name

A.B.C. LANDCLEARING AND DEVELOPMENT, INC.



Principal Place of Business

1130 PEACHTREE ST.
COCOA FL 32922
US

Mailing Address

1130 PEACHTREE ST.
COCOA FL 32922
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **59-3158642**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOINS, BETTY FAYE
1122 HOWARD STREET
ROCKLEDGE FL 32955

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	SD	<input type="checkbox"/> Delete
NAME	GOINS, BETTY F	
STREET ADDRESS	1122 HOWARD STREET	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOINS, JAMES A	
STREET ADDRESS	1122 HOWARD STREET	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, FREDIA G	
STREET ADDRESS	1047 PORPOISE DR	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE	AS	<input type="checkbox"/> Delete
NAME	THARPE, WESLEY J	
STREET ADDRESS	403 LENORE COURT	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		

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01/23/07-80077-015 158.75

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:

James A. Goins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Goins
President

1-19-07

Date

321-636-4734

Daytime Phone