

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 010 \*\*\*\*70.00



**DOCUMENT # 700121**

1. Entity Name  
**ABILITIES, INC. OF FLORIDA**

Principal Place of Business  
**2735 WHITNEY ROAD  
CLEARWATER, FL 33760 US**

Mailing Address  
**2735 WHITNEY ROAD  
CLEARWATER, FL 33760 US**

**40033667**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-0874493**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**THOMAS, GENE  
2735 WHITNEY ROAD  
CLEARWATER, FL 33760**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STROMBERG, JEAN 6295 EDSULL ROAD STE 175 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC EARNER, WILLIAM JR. 6295 EDSULL ROAD STE 175 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GENTRY, LINDA 6295 EDSALL RD., STE 175 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KWON, SARAH 6295 ESDALL RD., STE 175 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWSTROM, GEORGE 6295 EDSALL RD., STE. 175 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SOROTA JR, JOSEPH J 2735 WHITNEY ROAD CLEARWATER, FL 33760	<input type="checkbox"/> Delete

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

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 617, 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: *Joseph J. Sorota Jr.* **Joseph J. Sorota Jr., Treas.** **03/02/07** **771-796-1557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40033667

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ABILITIES, INC. OF FLORIDA

### 11. ADDITIONS TO OFFICERS AND DIRECTOR

TITLE	D	<b>Addition</b>
NAME	DAWSON, WEYHER	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	BOOKER, JULIAN	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	MURRAY, DIANE	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	BERSOFF, MARILYNN	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	SHRADER, RALPH	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	TOTH, STEPHEN	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	HARLES, CHARLES	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	
TITLE	D	<b>Addition</b>
NAME	PERLMUTTER, MARGARET	
STREET ADDRESS	6295 EDSALL ROAD, STE 175	
CITY-ST-ZIP	ALEXANDRIA, VA 22312	