

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000195

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: ABRAMS ARCHITECTURAL PRODUCTS, INC.

**Current Principal Place of Business:**

7110 OAK RIDGE PARKWAY  
AUSTELL, GA 30168

**New Principal Place of Business:**

**Current Mailing Address:**

7110 OAK RIDGE PARKWAY  
AUSTELL, GA 30168

**New Mailing Address:**

FEI Number: 47-0849629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: CPS ( ) Delete  
Name: ABRAMS, FRANK  
Address: 7110 OAK RIDGE PARKWAY  
City-St-Zip: AUSTELL, GA 30168

Title: VP ( ) Delete  
Name: ABRAMS, MARK  
Address: 7110 OAK RIDGE PARKWAY  
City-St-Zip: AUSTELL, GA 30168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: ABRAMS, FRANK  
Address: 7110 OAK RIDGE PARKWAY  
City-St-Zip: AUSTELL, GA 30168

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: MARK ABRAMS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V.P.

04/09/2009

\_\_\_\_\_ Date