


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 312296</b> 1. Entity Name <b>ABC AMUSEMENT COMPANY</b>	
--	---

FILED  
05 MAY 12 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>215 N W FAIRWAY HILLS GLN UNIT 10 LAKE CITY, FL 32055 US</b>	Mailing Address <b>P.O. BOX 2072 P.O. BOX 2072 LAKE CITY, FL 32056 US</b>
--	--

2. Principal Place of Business <i>530 Hwy 98 E.</i>	3. Mailing Address <i>P.O. Box 5436</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Destin, FL</i>	City & State <i>Destin, FL</i>	4. FEI Number <b>59-1367127</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32541</i>	Country <i>US</i>	Zip <i>32540</i>	Country <i>US</i>

6. Name and Address of Current Registered Agent  <b>PHILPOT, MARY ANN 215 NW FAIRWAY HILL GLN UNIT 10 LAKE CITY, FL 32055</b>	7. Name and Address of New Registered Agent Name <i>Mike Abadie</i> Street Address (P.O. Box Number is Not Acceptable) <i>530 Hwy 98</i> City <i>Destin, FL</i>
---	---

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 *Mike Abadie, Mike Abadie, President*      DATE *4-23-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PHILPOT, MARY ANN 10 FAIRWAY DRIVE LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Mike Abadie 4010 Lauren Ct Destin, FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILPOT, DON G 6063 PEACHTREE PARKWAY, SUITE 102B NORCROSS, GA 300923302 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOSTD Stephen Riggs 4460 Legendary Dr., Suite 100 Destin, FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054867802 05/19/05--01081--018 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *Mike Abadie, Mike Abadie, Pres.*      DATE *4-23-05*      DAYTIME PHONE *850-650-4400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #