


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 320932
 1. Entity Name
ABC RESEARCH CORPORATION



Principal Place of Business Mailing Address
 2772 NW 43 ST.
 S
 GAINESVILLE, FL 32606 2772 NW 43 ST.
 S
 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1198951 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOLDEN, CHARLES I. JR.
 2772 NW 43 ST STE S
 GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BROWN, AGNES F.
STREET ADDRESS	3437 SW 24TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	S
NAME	HOLDEN, CHARLES I. JR.
STREET ADDRESS	2772-NW ST. STE. S
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	BROWN, RICHARD L.
STREET ADDRESS	3437 SW 24TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	PTD
NAME	BROWN, WILLIAM L.
STREET ADDRESS	3437 SW 24TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	HART, ROGERS
STREET ADDRESS	3437 SW 24TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000102602
 04/05/04-80021-029 150.00

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: Charles I. Holden 3-19-04 (352) 377-5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #