
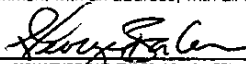


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90079 048 \*\*\*150.00

<b>DOCUMENT # 320932</b>					
1. Entity Name <b>ABC RESEARCH CORPORATION</b>					
Principal Place of Business 2772 NW 43 ST. S GAINESVILLE, FL 32606		Mailing Address 2772 NW 43 ST. S GAINESVILLE, FL 32606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1198951</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOLDEN, CHARLES I. JR.</b> 2772 NW 43 ST STE S GAINESVILLE, FL 32606				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</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	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, AGNES F.		NAME	Brown, Agnes F.	
STREET ADDRESS	3437 SW 24TH AVENUE		STREET ADDRESS	3437 SW 24th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, CHARLES I. JR.		NAME	Holden, Charles I. Jr.	
STREET ADDRESS	2772-NW ST. STE. S		STREET ADDRESS	2772-S NW 43rd Street	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, RICHARD L.		NAME	Bovay, John C.	
STREET ADDRESS	3437 SW 24TH AVENUE		STREET ADDRESS	901 NW 57th Street	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM L.		NAME	Brown, William L.	
STREET ADDRESS	3437 SW 24TH AVENUE		STREET ADDRESS	3437 SW 24th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROGERS		NAME	Hart, Rogers	
STREET ADDRESS	3437 SW 24TH AVENUE		STREET ADDRESS	3437 SW 24th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	COO	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baker, George		NAME	Graves, Eric	
STREET ADDRESS	3437 SW 24th Avenue		STREET ADDRESS	2444 SE County Road 21B	
CITY-ST-ZIP	Gainesville, FL 32607		CITY-ST-ZIP	Melrose, FL 32666	
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 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: 			GEORGE BAKER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			1/19/06 Date		
			352-372-0436 x328 Daytime Phone #		