


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 567484 1. Entity Name A A A ABACHMAN ENTERPRISES, INC.	
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Principal Place of Business 3670-23RD AVE.,S. LAKE WORTH, FL 33461	Mailing Address 3670-23RD AVE.,S. LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1754867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHMAN, JOHN
2117 LAKE BASS CIRCLE
LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, RUTH E 2117 LAKE BASS CIR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHMAN, JOHN 2117 LAKE BASS CIR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUNNELL, SARAH 6932 DAWNTREE CT LAKE WORTH, FL 33467
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IN THIS SPACE**

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: John A. Bachman John A. Bachman 1-18-05 1-561-586-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #