2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 JUL 15 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757858

1. Entity Name
ABATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2520 DELAND, FL 32721 US	P.O. BOX 2520 DELAND, FL 32721 US

07042004 Chg-NP CR2E037 (10/03)

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 59-3101979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROW, LARRY PA 1247 SOUTH PINELLAS AVE TARPON SPRINGS, FL 34689	Name Street Address (P.O. Box Number is Not Acceptable) 100035567414 07/27/04--01052--001 **70.00 City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REICHENBACH, JAMES II 251 N. HWY 314-A SILVER SPRINGS, FL 34488	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VON BULOW, CYNDI 203 CAMBRIDGE DR PORT ORANGE, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DVP SMITH, LAYNE [illegible] DR. 13610 PALM DR., ASTATULA, FL 34705
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KING, ROBERT P. O. BOX 450413 KISSIMMEE, FL 34745	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DS PATTI, NASRALLAH 6919 SENOJ DR., TAMPA, FL., 33610
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT POLLOCK, CECIL J 324 16TH ST VERO BEACH, FL 32962	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 617, 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: James D Reichenbach II July 1, 2004 (352)625-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES D. REICHENBACH II

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