## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-19-2005 90006 004

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Secretary of State
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**DOCUMENT #757858** ABATE OF FLORIDA, INC. 50003644 Principal Place of Business Mailing Address P.O. BOX 2520 P.O. BOX 2520 **DELAND, FL 32721** DELAND, FL 32721 US 2. Principal Place of Business Mailing Address Suite. Ant. #. etc. Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3101979 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CROW, LARRY PA Street Address (P.O. Box Number is Not Acceptable) 1247 SOUTH PINELLAS AVE TARPON SPRINGS, FL 34689 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State . Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. DP Delete TITLE ☐ Change Addition TITLE REICHENBACH, JAMES II. NAME NAME STREET ADDRESS STREET ADDRESS 251 N. HWY 314-A CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS, FL 34488 ☐ Addition DVP Delete TITLE Change TITLE SMITH, LAYNE NAME NAME 13610 PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ASTATULA, FL 34705 TITLE ☐ Delete Change Addition PATTI, NASRALLAH NAME NAME STREET ADDRESS 6919 SENOJ DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33610 Change Delete TITLE TITLE POLLOCK, CECIL J MAME NAME STREET ADDRESS STREET ADDRESS 324 16TH ST BUCHHOLZ, CHARLES VERO BEACH, FL 32962 CITY-ST-ZIP CITY-ST-ZIP 73 AZALEA DR ☐ Change Addition ☐ Delete TITLE TITLE DEBARY, FL., 32713 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like impowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF

Daytime Phone