


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 851368
 1. Entity Name
 ABC BUS, INC.



Principal Place of Business
 1506 30TH STREET, NW
 FARIBAULT, MN 55021

Mailing Address
 1506 30TH STREET, NW
 FARIBAULT, MN 55021

DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1973634

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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


000000062048
 02/23/04-80105-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORNELL, RONALD R
STREET ADDRESS	1506 30TH ST NORTHWEST
CITY-ST-ZIP	FARIBAULT, MN 55021
TITLE	D
NAME	CORNELL, DANE
STREET ADDRESS	17469 W. HIGHWAY 50
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	TD
NAME	FOLEY, ROBERT F.
STREET ADDRESS	1506 30TH STREET N.W.
CITY-ST-ZIP	FARIBAULT, MN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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:  **Robert F. Foley** 2/13/04 507/334-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #