2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam ABBC, IN		3			Sec	retary	oi State
Principal Place of Business Mailing Address 7.5221 STEWART ST. 4025 HWY 90 MILTON, FL 32570-4737							ini di 1 1 1 1 1 1 1 1 1 1
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DO NOT WRITE IN THIS SPACE				03152005 No Chg-P CR2E034 (10/03)			
				4. FEI Number 63-127			Applied For Not Applicable
					of Status Desired	□ \$8.75	Additional
	6. Name and Address of Current Regis						
CULPEPPER, BRANNON 4025 HWY 90			DO NOT WRITE				
PACE, FL 32571			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 D. Brannon (u. Reger 3-28-03- Signature, typod or printed name of registered agent and title suppliciples) (NOTE Registered Agent signature required when reinstating) DATE							、
D. Floring Comparing Figuresian PF 00 v.							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees		<u>-</u>	
10.	OFFICERS AND DIREC	CTORS		-	A THE COLUMN TO THE STATE OF TH		* *
NAME STREET ADDRESS	CULPEPPER, BRANNON 8155 BAYVIEW DR.						
CITY-ST-ZIP	FOLEY, AL 36535		1				{
TITLE NAME	V BOLES, ARNOLD		1			281747	
STREET ADDRESS CITY+SY-ZIP	105 WALL STREET RICHLAND, GA 31825		ł		# <u>0</u> 00001; 03/3) /05-	80016-004	150.00
TITLE	<u></u>	<u> </u>					
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NAME STREET ADDRESS							ļ
CITY-ST-ZIP			<u> </u>				
12. I hereby of indicated of the corporated,	certify that the information supplied with this fi on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with al	ling does not qualify for the exe and accurate and that my signa d to execute this report as requi t other like empowered.	mption stated in Se ture shall have the ired by Chapter 607	iction 119.07(3)i same legal effec 7, Florida Statuté	(i), Florida Statutes. If it as if made under or es; and that my name	urther certify that ath, that I am an o appears in Block	the information ifficer or director 10 or Block 11 if

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEBOR DIRECTOR