

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004495

FILED
Apr 27, 2007
Secretary of State

Entity Name: ABBOTT & COBB, INC.

Current Principal Place of Business:

4151 STREET RD
TREVOSE, PA 19053

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 307
FEASTERVILLE, PA 19053 US

New Mailing Address:

FEI Number: 23-1936286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CTD () Delete
Name: ABBOTT, ARTHUR C
Address: 777 NE HARBOUR DR
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: KOPP, LINDA M
Address: 613 SOCIETY PLACE
City-St-Zip: NEWTOWN, PA 18940

Title: VS () Delete
Name: RINKUS, BETH ANN
Address: 1577 CREEK ROAD
City-St-Zip: FURLONG, PA 18925

Title: D () Delete
Name: WEINBERG, DAVID
Address: 8 WHYTE CT.
City-St-Zip: VOORHEES, NJ 08043

Title: D () Delete
Name: CORSON, JOHN
Address: P.O. BOX 710 (N/A)
City-St-Zip: PLYMOUTH MTG., PA 19462

Title: D () Delete
Name: PRIMACK, AURIN
Address: 2430 EDWARD ROAD
City-St-Zip: PALM BEACH GARDENS, PA 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETHANN RINKUS

VS

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date