2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000071772

1. Entity Name
ABBY ROAD SERVICES, INC.

Principal Place of Business	Mailing Address
235 15TH AVE NE SAINT PETERSBURG, FL 33704	235 15TH AVE NE SAINT PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

01102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
38-3654643	Not Applicable

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

6. Name and Address of Current Registered Agent

WATTS, KEN
235 15TH AVE NE
SAINT PETERSBURG, FL 33704

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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

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

00000021022
01/29/04-80032-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATTS, KEN
STREET ADDRESS	235 15TH AVE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	VP
NAME	WATTS, DEBORAH
STREET ADDRESS	235 15TH AVE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: X _____   X 1-24-04   X 727 550 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #