2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2005 8:00 am Secretary of State **DOCUMENT # P03000074716** 05-09-2005 90285 043 ***550.00 1. Entity Name NATHAN J. ABBOTT, INC. Mailing Address Principal Place of Business 112 PRICHARD RD 112 PRICHARD RD DESTIN, FL 32550 DESTIN, FL 32550 US 14017308 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0604855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABBOTT, NATHAN J DO NOT WRITE 112 PRICHARD RD DESTIN, FL 32550 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 Fiorida. I am familiar with, and accept the obligations of registered agent. wather allut Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ABBOTT, NATHAN J STREET ADDRESS 112 PRICHARD RD CITY-ST-ZIP DESTIN, FL 32550 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: _

NAME STREET ADDRESS CITY-ST-ZIP

within allat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED