


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90021 025 \*\*\*150.00

DOCUMENT # P99000022767 1. Entity Name ABBOTT ASSOCIATES SOUTHEAST, INC.	
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Principal Place of Business 3040 MORRIS ST N. SAINT PETERSBURG, FL 33713	Mailing Address P.O. BOX 60745 ST. PETERSBURG, FL 33784
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14018975



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3560917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ABBOTT, J D 3040 MORRIS STREET NORTH ST. PETERSBURG, FL 33713
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, J D 3040 MORRIS STREET NO SAINT PETERSBURG, FL 33713
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**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: *J. D. Abbott* 7/6/05 727-821-3885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

14018975

ABBOTT ASSOCIATES SOUTHEAST, INC.  
dba CONDENSER MAINTENANCE SUPPLY  
3040 Morris Street North  
St. Petersburg, Florida 33713  
Phone 727 821 3885 Fax 727 821 1569

July 6, 2005

Florida Department of State  
Division Of Corporations  
PO Box 6198  
Tallahassee, FL 32314

RE: P99000022767

I have just received a "Notice of Intent to Dissolve" notification. I was certainly upset that I had not filed/paid the 2005 For Profit Corporation Annual Report. I cannot imagine how this happened because I try to be so careful to file all reports on time.

By way of some explanation our family has had a difficult year with my wife having Lupus and then my oldest son was diagnosed with a defective heart valve. I am also helping care for my 91 year old mother and so things have been very fragmented.

For this reason I am requesting that you waive the extra fee imposed by my late filing with my promise to be even more careful in the future.

Enclosed is my check for \$150.00 in the belief that you will honor my request.

Thank you for your consideration in this matter.



Dan Abbott