

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 331738

1. Entity Name
ABS INC.



Principal Place of Business
**1752 HICKORY GATE DR N.
DUNEDIN, FL 34698-2410**

Mailing Address
**1752 HICKORY GATE DR N.
DUNEDIN, FL 34698-2410**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1259714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SITTON, E. EUGENE
1752 HICKORY GATE DRIVE, NORTH
DUNEDIN, FL 33528**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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**

1100000106073
04/08/04-80001-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALPAUGH, ROBERT E
STREET ADDRESS 405 BRENTWOOD DR
CITY-ST-ZIP TEMPLE TERR, FL

TITLE VD
NAME BIRDSONG, CHARLES W
STREET ADDRESS 308 BELLE TERR
CITY-ST-ZIP TEMPLE TERR, FL

TITLE SD
NAME SITTON, E.EUGENE
STREET ADDRESS 1752 HICKORY GATE DR
CITY-ST-ZIP DUNEDIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *E Eugene Sitton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/04 *727-784-1985*
Date Daytime Phone #