


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # 331738</b> 1. Entity Name <b>ABS INC.</b>	
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Principal Place of Business <b>1752 HICKORY GATE DR N. DUNEDIN, FL 34698-2410</b>	Mailing Address <b>1752 HICKORY GATE DR N. DUNEDIN, FL 34698-2410</b>
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**DO NOT WRITE IN THIS SPACE**



03172004 No Chg-P CR2E034 (10/03)

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

**5. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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**

1100700106073  
 04/08/04-80001-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALPAUGH, ROBERT E 405 BRENTWOOD DR TEMPLE TERR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRDSONG, CHARLES W 308 BELLE TERR TEMPLE TERR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SITTON, E.EUGENE 1752 HICKORY GATE DR DUNEDIN, FL
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: E Eugene Sitton **04/02/04** **727-784-1985**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #