


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 331738
 1. Entity Name
 ABS INC.



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



DO NOT WRITE IN THIS SPACE

02032005 No Chg-P CR2E034 (10/03)
 4. FEI Number 59-1259714 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SITTON, E. EUGENE
 1752 HICKORY GATE DRIVE, NORTH
 DUNEDIN, FL 33528

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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	

000000222717
 02/10/05-80012-019 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Eugene Sitton* 02/09/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #