


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004830	
1. Entity Name ABATIX CORP.	

Principal Place of Business 10702 NORTH 46TH STREET, STE. A TAMPA, FL 33617	Mailing Address 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1908110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PC SHAVER, TERRY W 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCS COX, GARY L 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT CINATI, FRANK J IV 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D YOUNG, RICK 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COOK, DAVE 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BLACK, DON 8201 EASTPOINT DRIVE, STE. 500 DALLAS, TX 75227

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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)(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: Frank J. Cinati **FRANK J. CINATI VP** 3/24/05 214.381.0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #