



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 262819</b> 1. Entity Name <b>ABC REALTY, INC.</b>																																																																																																																																																												
Principal Place of Business <b>2925 SANLAN RANCH DRIVE LAKELAND FL 33813</b>			Mailing Address <b>2925 SANLAN RANCH DRIVE LAKELAND FL 33813</b>																																																																																																																																																									
2. Principal Place of Business  Suite, Apt. #, etc		3. Mailing Address  Suite, Apt. #, etc																																																																																																																																																										
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1026451</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																								
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				 MOORE      CR2E034 (11/03)																																																																																																																																																								
<b>6. Name and Address of Current Registered Agent</b> <b>HOLLOWAY, JR. E. EDWARD 2925 SANLAN RANCH DRIVE LAKELAND FL 33813-1226</b>																																																																																																																																																												
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																																																												
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																												
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2" style="text-align: center; vertical-align: middle;">           000000037102            03/12/04-80050-018 150.00         </td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOLLOWAY JR,E EDWARD</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2925 SANLAN RANCH DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOLLOWAY,MARY ANN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2925 SANLAN RANCH DR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOLLOWAY, DAVID W</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>215 IMPERIAL BLVD SUITE B-1</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL 33803</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOLLOWAY, LINDA A</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2925 SANLAN RANCH DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL 33813</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. 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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.																																																																																																																																																												
<b>SIGNATURE:</b> <i>E. Edward Holloway, Jr.</i> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>																																																																																																																																																												
<div style="display: flex; justify-content: space-between;"> <span><i>3/9/04</i></span> <span><i>863-665-1601</i></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Date</span> <span>Daytime Phone #</span> </div>																																																																																																																																																												