

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

01-31-2005 90058 044 ***150.00

DOCUMENT # 289010



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ABBA, INC

Principal Place of Business
1920 S. OCEAN DR
1211
FORT LAUDERDALE FL 33316
US

Mailing Address
C.A. Scudder, Pres
PO Box 350035
FORT LAUDERDALE FL 33335-0035
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
59-1154701

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**SCUDDER, C.A.
1920 S OCEAN DR.
APT. #1211
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCUDDER, K	
STREET ADDRESS	1920 S OCEAN DR APT 1211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SCUDDER, CAROL A.	
STREET ADDRESS	1920 S. OCEAN DRIVE, #1211	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KREIMEYER, JOHN K.	
STREET ADDRESS	1805 SHADYBROOK LANE	
CITY-ST-ZIP	CEDAR PARK TX 78613	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KREIMEYER, ROBERT F., JR.	
STREET ADDRESS	3400 INVERNESS DR.	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	STVD	<input checked="" type="checkbox"/> Delete
NAME	SCUDDER, C.K.	
STREET ADDRESS	1920 S OCEAN DR., APT. 1211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL A. SCUDDER	
STREET ADDRESS	1920 S. Ocean Dr, Apt #1211	
CITY-ST-ZIP	Ft. lauderdale, FL 33316	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN K. SCUDDER	
STREET ADDRESS	1920 S. Ocean Dr, Apt #1211	
CITY-ST-ZIP	Ft. lauderdale, FL 33316	
TITLE	STVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARL I. HIRSCH	
STREET ADDRESS	1920 S. Ocean Dr, Apt #12	
CITY-ST-ZIP	Ft. lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carol A. Scudder* **CAROL A. SCUDDER** **PRESIDENT** **24 Jan 2005/954-522-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #