


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 320932**  
 1. Entity Name  
**ABC RESEARCH CORPORATION**



Principal Place of Business 2772 NW 43 ST. S GAINESVILLE, FL 32606	Mailing Address 2772 NW 43 ST. S GAINESVILLE, FL 32606
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1198951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOLDEN, CHARLES I. JR.  
 2772 NW 43 ST STE S  
 GAINESVILLE, FL 32606

**DO NOT WRITE IN THIS SPACE**

B. 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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, AGNES F. 3437 SW 24TH AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLDEN, CHARLES I JR. 2772-S NW 43RD STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOVAY, JOHN C 901 NW 57TH STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WILLIAM L 3437 SW 24TH AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HART, ROGERS 3437 SW 24TH AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAVES, ERIC 2444 SE COUNTY RD. 21B MELROSE, FL 32666

U00000788717  
 01/18/08-80053-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William L Brown* 1/10/08 352-372-0436  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #