

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90264 018 ***150.00

DOCUMENT # 496608

1. Entity Name
AMERICAN BUSINESS LOCATIONS, INC.



Principal Place of Business
7624 DOUBLETION DR
DELRAY BEACH, FL 33446 US

Mailing Address
7624 DOUBLETION DR
DELRAY BEACH, FL 33446 US

2. Principal Place of Business
1104 Avondale Ct.
Suite, Apt. #, etc.

3. Mailing Address
1104 Avondale Ct.
Suite, Apt. #, etc.

City & State
West Palm Beach, FL
Zip 33409 Country USA

City & State
West Palm Beach, FL
Zip 33409 Country USA

01252004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1648087

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

6. Name and Address of Current Registered Agent

LUHRSEN, DAVID A
7624 DOUBLETION DR
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name ~~David A. Luhrsen~~ David A. Luhrsen
Street Address (P.O. Box Number is Not Acceptable)
1104 Avondale Ct.
City West Palm Beach FL Zip Code 33409

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 *David A. Luhrsen* David A. Luhrsen, chairman 4/7/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE CSD
NAME LUHRSEN, DAVID A ☐ Delete
STREET ADDRESS 7624 DOUBLETION DR
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE PD
NAME LUHRSEN, NANCY G ☐ Delete
STREET ADDRESS 7624 DOUBLETION DR
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CSDT
NAME Luhrsen, David A. ☒ Change ☐ Addition
STREET ADDRESS 1104 Avondale Ct.
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE PD
NAME Luhrsen, Nancy G. ☒ Change ☐ Addition
STREET ADDRESS 1104 Avondale Ct.
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *David A. Luhrsen* David A. Luhrsen, Chmn. 4/7/2004 (561) 689-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #