

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90069 003 ***150.00

DOCUMENT # 670548

1. Entity Name
ABACO ALUMINUM COMPANY

Principal Place of Business

1209 S E 9TH TERRACE
CAPE CORAL, FL 33990

Mailing Address

1209 S E 9TH TERRACE
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1999373

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARNA DOE, CARL
1209 S E 9TH TERRACE
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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 _____

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	P
NAME	VARNA DOE, CARL H
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	VP
NAME	VARNA DOE, KEITH W
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	T
NAME	VARNA DOE, KEVIN
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	VARNA DOE, KRISTOPHER R
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-4