
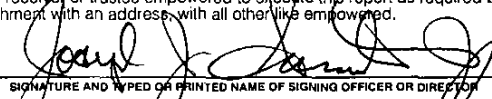


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90189 028 ****70.00

DOCUMENT # 700121					
1. Entity Name ABILITIES, INC. OF FLORIDA					
Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760 US			Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33760 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS, GENE 2735 WHITNEY ROAD CLEARWATER, FL 33760				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDINSKI, BRUCE D		NAME		
STREET ADDRESS	2735 WHITNEY ROAD		STREET ADDRESS	6295 Edsall Road, Suite 175	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	Alexandria, VA 22312	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAVERNA, JAMES		NAME	William Earner, Jr.	
STREET ADDRESS	2735 WHITNEY ROAD		STREET ADDRESS	6295 Edsall Road, Suite 175	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	Alexandria, VA 22312	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, LINDA		NAME		
STREET ADDRESS	2735 WHITNEY ROAD		STREET ADDRESS	6295 Edsall Road, Suite 175	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	Alexandria, VA 22312	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, TOM		NAME		
STREET ADDRESS	2735 WHITNEY ROAD		STREET ADDRESS	6295 Edsall Road, Suite 175	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	Alexandria, VA 22312	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, JAMIE		NAME		
STREET ADDRESS	2735 WHITNEY ROAD		STREET ADDRESS	6295 Edsall Road, Suite 175	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	Alexandria, VA 22312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOROTA JR, JOSEPH J		NAME		
STREET ADDRESS	2201 PADDOCK CIRCLE		STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	Clearwater, FL 33760	
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 617, 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 employed.					
SIGNATURE: 		2-18-05		727 796-1557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Second Page Attached

ATTACHMENT

DOCUMENT # 700121

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Additions

TITLE S
NAME Shrader, Ralph
STREET 6295 Edsall Road, Suite 175
CITY Alexandria, VA 22312-2670

TITLE D
NAME Bersoff, Marilyn
STREET 6295 Edsall Road, Suite 175
CITY Alexandria, VA 22312-2670

TITLE D
NAME Booker, Julian
~~STREET 6295 Edsall Road, Suite 175~~
CITY Alexandria, VA 22312-2670

TITLE D
NAME Dawson, Wehyer
STREET 6295 Edsall Road, Suite 175
CITY Alexandria, VA 22312-2670

TITLE D
NAME Kwon, Sarah
STREET 6295 Edsall Road, Suite 175
CITY Alexandria, VA 22312-2670

TITLE D
NAME Murray, Diane
STREET 6295 Edsall Road, Suite 175
CITY Alexandria, VA 22312-2670

TITLE D
NAME Stromberg, Jean
STREET 6295 Edsall Road, Suite 175
CITY Alexandria, VA 22312-2670