

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851368

Entity Name: ABC BUS, INC.

FILED  
Feb 10, 2005  
Secretary of State

**Current Principal Place of Business:**

1506 30TH STREET, NW  
FARIBAULT, MN 55021

**New Principal Place of Business:**

**Current Mailing Address:**

1506 30TH STREET, NW  
FARIBAULT, MN 55021

**New Mailing Address:**

FEI Number: 59-1973634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORNELL, RONALD R  
Address: 1506 30TH ST NORTHWEST  
City-St-Zip: FARIBAULT, MN 55021

Title: D ( ) Delete  
Name: CORNELL, DANE,  
Address: 17469 W. HIGHWAY 50  
City-St-Zip: WINTER GARDEN, FL

Title: TD ( ) Delete  
Name: FOLEY, ROBERT F.,  
Address: 1506 30TH STREET N.W.  
City-St-Zip: FARIBAULT, MN

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. FOLEY

TD

02/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date