


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005631 1. Entity Name MA AB, INC.	
--	---

Principal Place of Business 4800 ALTERNATE 19 PALM HARBOR FL 34683	Mailing Address 10015 RIDGE DRIVE INDIANAPOLIS IN 46256-9616
--	--



03212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2094693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRASEVITS, MARIA
2709 GULF BLVD., SUITE 1
INDIAN ROCK BEACH, FL 33785

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	000000096043 03/25/04-80014-002 155.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ANAGNOSTOU, MARY 9928 CAREFREE DRIVE INDIANAPOLIS, IN 46256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAYETAKOS, ANGELA 10015 RIDGE DRIVE INDIANAPOLIS, IN 46256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAYETAKOS, GEORGE 10015 RIDGE DRIVE INDIANAPOLIS, IN 46256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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 George Bayetakos **GEORGE BAYETAKOS** 7-22-04 717-849-7893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #