

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-06-2005 90092 029 ***150.00

DOCUMENT # F03000005483	
1. Entry Name ABI NETWORK SOLUTIONS, INC.	

Principal Place of Business 618 AZALEA RD. MOBILE AL 36691	Mailing Address PO BOX 91064 MOBILE AL 36691
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66020300



1st MOORE CR2E034 (10/04)

4. FEI Number 01-0637548		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

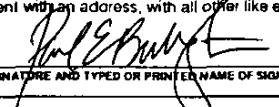
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO Chairman/Director	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	NEWTON, ANDREW M			NAME			
STREET ADDRESS	4574 AVRIL CT.			STREET ADDRESS			
CITY-ST-ZIP	MOBILE AL 36608			CITY-ST-ZIP			
TITLE	PO- CEO/Director	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	JOHN, A. STEPHEN			NAME			
STREET ADDRESS	1115 NORTH GALLATIN AVE EXTENSION			STREET ADDRESS			
CITY-ST-ZIP	UNIONTOWN PA 15401			CITY-ST-ZIP			
TITLE	CFOD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BULLINGTON, PAUL E			NAME			
STREET ADDRESS	700 CEDAR AVE.			STREET ADDRESS			
CITY-ST-ZIP	FAIRHOPE AL 36532			CITY-ST-ZIP			
TITLE	CTOD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DANIELS, ERIC R			NAME			
STREET ADDRESS	270 HILLCREST RD. UNIT 804			STREET ADDRESS			
CITY-ST-ZIP	MOBILE AL 36608			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	NEWTON, GLYN E			NAME			
STREET ADDRESS	513 ST. CHARLES LANE			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37922			CITY-ST-ZIP			
TITLE	D	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	LEFTWICH, JACK			NAME			
STREET ADDRESS	327 WEST MAIN			STREET ADDRESS			
CITY-ST-ZIP	LEBANON TN 37087			CITY-ST-ZIP			

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:  **5/31/05** **251-662-1170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #