

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004495**

1. Entity Name  
ABBOTT & COBB, INC.



Principal Place of Business  
4151 STREET RD  
TREVISO, PA 19053

Mailing Address  
P.O. BOX 307  
FEASTERVILLE, PA 19053 US

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
23-1936286

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**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	CTD
NAME	ABBOTT, ARTHUR C
STREET ADDRESS	777 NE HARBOUR DR
CITY-STATE-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	KOPP, LINDA M
STREET ADDRESS	613 SOCIETY PLACE
CITY-STATE-ZIP	NEWTOWN, PA 18940
TITLE	VS
NAME	RINKUS, BETH ANN
STREET ADDRESS	1577 CREEK ROAD
CITY-STATE-ZIP	FURLONG, PA 18925
TITLE	D
NAME	WEINBERG, DAVID
STREET ADDRESS	8 WHYTE CT.
CITY-STATE-ZIP	VOORHEES, NJ 08043
TITLE	D
NAME	CORSON, JOHN
STREET ADDRESS	P.O. BOX 710 (N/A)
CITY-STATE-ZIP	PLYMOUTH MTG., PA 19462
TITLE	D
NAME	PRIMACK, AURIN
STREET ADDRESS	2430 EDWARD ROAD
CITY-STATE-ZIP	PALM BEACH GARDENS, PA 33410

000000004204  
01/15/04-80002-002 158.75

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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 #

1/15/04 215-245-6666