

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003681

1. Entity Name
DON ABERNATHY, INC.



Principal Place of Business
**GUIDE ROCK NE
650 UNIVERSITY ST
GUIDE ROCK, NE 68942 US**

Mailing Address
**BOX 98
650 UNIVERSITY ST
GUIDE ROCK, NE 68942 US**



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0574670

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABERNATHY, JAMES C
5310 N. TUTTLE AVE.
SARASOTA, FL 34234**

**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	PM
NAME	ABERNATHY, JAMES C
STREET ADDRESS	5310 N. TUTTLE AVE.
CITY - ST - ZIP	SARASOTA, FL
TITLE	STD
NAME	ABERNATHY, CAROL A
STREET ADDRESS	5310 N. TUTTLE AVE.
CITY - ST - ZIP	SARASOTA, FL
TITLE	VD
NAME	ABERNATHY, JAMES C JR.
STREET ADDRESS	821 88TH AVE., NORTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 33702
TITLE	VD
NAME	ERICKSON, VICKIE J
STREET ADDRESS	P.O BOX 98
CITY - ST - ZIP	GUIDE ROCK, NE 68942
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Vickie Erickson Vice President* *3-11-04* *402-257-2565*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #