

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003681

Entity Name: DON ABERNATHY, INC.

FILED  
Jun 01, 2004  
Secretary of State

## Current Principal Place of Business:

GUIDE ROCK NE  
650 UNIVERSITY ST  
GUIDE ROCK, NE 68942 US

## New Principal Place of Business:

## Current Mailing Address:

BOX 98  
650 UNIVERSITY ST  
GUIDE ROCK, NE 68942 US

## New Mailing Address:

FEI Number: 47-0574670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABERNATHY, JAMES C  
5310 N. TUTTLE AVE.  
SARASOTA, FL 34234 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: PM ( ) Delete  
Name: ABERNATHY, JAMES C  
Address: 5310 N. TUTTLE AVE.  
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete  
Name: ABERNATHY, CAROL A  
Address: 5310 N. TUTTLE AVE.  
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete  
Name: ABERNATHY, JAMES C JR.  
Address: 821 88TH AVE., NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VD (X) Delete  
Name: ERICKSON, VICKIE J  
Address: P.O BOX 98  
City-St-Zip: GUIDE ROCK, NE 68942

## 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:

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: JAMES ABERNATHY

P

06/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date