


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # G31428</b>                               |  |
| 1. Entity Name<br><b>ABACUS COMPUTER SYSTEMS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>C/O THOMAS J. FOLLIS<br/>1838 WATERBURY LANE<br/>ORANGE PARK, FL 32003</b> | Mailing Address<br><b>C/O THOMAS J. FOLLIS<br/>1838 WATERBURY LANE<br/>ORANGE PARK, FL 32003</b> |
|--|--|



02272005 No Chg-P CR2E034 (10/03)

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|                                    |   |
|------------------------------------|---|
| 4. FCI Number<br><b>59-2293249</b> | Applied For<br><input type="checkbox"/> Not Applicable                    |
| 5. Certificate of Status Desired   | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>FOLLIS, THOMAS J.<br/>1838 WATERBURY LANE<br/>ORANGE PARK, FL 32003</b> |
|---|

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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's signature required when changing)  
DATE \_\_\_\_\_

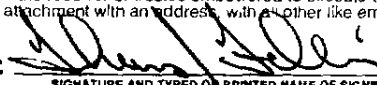
|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>FOLLIS, THOMAS J<br>1838 WATERBURY LANE<br>ORANGE PARK, FL 32003  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VPD<br>FOLLIS, JANICE R<br>1838 WATERBURY LANE<br>ORANGE PARK, FL 32003 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |

03/01/05-30/05-211-130.75

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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 another like empowered.

**SIGNATURE:**  **27 FEB 05** **904-565-5211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year