

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G88930**

1. Entity Name  
**ABACUS ENTERPRISES OF TAMPA, INC.**



Principal Place of Business  
**2532 LAKE ELLEN LANE  
TAMPA, FL 33618-0228**

Mailing Address  
**2532 LAKE ELLEN LANE  
TAMPA, FL 33618-0228**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2401886</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**MILLAR, CONNIE  
2532 LAKE ELLEN LANE  
TAMPA, FL 33618**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLAR, EUGENE 2534 LAKE ELLEN LANE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLAR, CONNIE 2534 LAKE ELLEN LN TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEWART, SHARON 2532 LAKE ELLEN LANE TAMPA, FL 33618
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03/04/08-80001-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Connie Millar* **21508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #