2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08690

FILED Jan 10, 2005 Secretary of State

Entity Name: A. B. ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1803 MAGADALENE MANOR DR TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** 1803 MAGADALENE MANOR DR TAMPA, FL 33613 US FEI Number: 59-2421580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMAN, JEFFREY A AMAN, JEFFREY A 14502 N DALE MABRY 14001 N DALE MABRY SUITE 300 TAMPA, FL 33618 US TAMPA, FL 33618 US 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: 01/10/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOWERS, JAMES C., Name: Name: 1803 MAGDALENE MANOR DR Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOWERS, CAROLE R., Name: 1803 MAGDALENE MANOR DR Address: Address: TAMPA, FL 33613 City-St-Zip: 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 Statutés. 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 C. BOWERS DP 01/10/2005