

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-08-2004 90186 007 ***550.00

7/8/

DOCUMENT # J39061

1. Entity Name
ABCAR, INC.



66430678



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3029772

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SKEELS, ROBERTA~~ **GARY CLINDROS SR.**
~~1821 3RD STREET N.~~ **P.O. BOX 50278**
~~JACKSONVILLE BEACH, FL 32250~~
1921 3rd ST. N.
JAX BCH FL 32250

**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] *[Signature]*

7/2/04

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

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
P
LINDROS, SR., GARY
P.O. BOX 50278 N/A
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 807, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-765-1026

Daytime Phone