-2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J39061

1. Entity Name ABCAR, INC.



FILED Feb 03, 2005 8:00 am Secretary of State

02-03-2005 90050 037 ***150.00

| Principal P | Tace of I | 9usiness | 303 (21) | ř |
|-------------|-----------|----------|----------|---|
| Principal F | 50278 | 4.4 | | é |

Mailing Address

P.O. BOX 50278

MCKSONVILLE BEACH, FL 32240-0457 MCKSONVILLE BEACH, FL 32240-0457



DO NOT WRITE IN THIS SPACE 4 FEI NUMBER

01 152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKEELS, ROBERT A. 1821 3RD STREET N. JACKSONVILLE BEACH, FL 32250

the obligations of registered agent.

SIGNATURE.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| · | Signature, typed or printed name of registered agent and title if a | policable. (NOTE: Registe | red Agent signature | required when reinteting) | <u> </u> | DATE | 4 25 |
|------------------------|---------------------------------------------------------------------|------------------------------------------------------|-------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| ' FILI After Ma | E MOWIII FEE IS \$150.00 by 1, 2005 Fee will be \$550.00 | 9. Election Campaign Fin. Trust Fund Contribution | | \$5.00 May Be Added to Fees | - ⁻ | | |
| 10. | OFFICERS AND DIRECT | ORS | | 2000 B. C. C. S. | (10 % sec. 15 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | may says years | 会員 |
| TITLE | P | | | | | | |
| NAME | LINDROS, SR., GARY | | 9 \$ 7 9 %. | | | | |
| STREET ADDRESS | P.O. BOX 50278 N/A | | | | | 1.7% | 是的社会 |
| CITY-SI-ZIP | JACKSONVILLE BEACH, FL 32250 | | | | STATE OF STA | | |
| TITLE | | | \$\tag{2}\tag{2}\tag{2} | | | | |
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| STREET ADDRESS | | | | | | | |
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| STREET ADDRESS | | | A | | | 门门 | 是加坡。 |
| CITY-SI-ZIP | | | 40 | THE WILLIAM | | The Part of the Pa | |
| 12. hereby o | certify that the information supplied with this filling | ng does not qualify for the ex | xemption stated | in Section 119.07(3)(i |), Florida Statutes. I fi | urther certify th | at the information |

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