2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 08:00 AM DOCUMENT # J52191 **Secretary of State** ABERNATHY ENTERPRISES INTERNATIONAL, INC. Principal Place of Business Mailing Address 612 MARPHILL LOOP PO BOX 1768 BRANDON, FL 33511 US BRANDON, FL 33509-1768 CR2E034 (10/03) 01072004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2752132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ABERNATHY, DONALD R. 612 MARPHILL LOOP BRANDON, FL 33511 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSO TITLE ABERNATHY, DONALD R. NAME 612 MARPHILL LOOP STREET ADDRESS CITY-ST ZIP BRANDON, FL TITLE NAME ABERNATHY, CHARLOTTE W 612 MARPHILL LOOP STREET ADDRESS U00000007677 01/20/04-80033-019 158.75 BRANDON, FL 33511 CITY ST ZIP TITLE ABERNATHY, DAVID L NAME STREET ADDRESS 822 PECAN DRIVE DO NOT WRITE CITY-ST-ZIP SEFFNER, FL 33584 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST ZIP

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 all other like empowered.

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NAME
STREET ADDRESS
CITY-ST-ZIP
THRE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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