

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90025 024 ***158.75

DOCUMENT # J84036

1. Entity Name

ABAR SALES, INC.



Principal Place of Business

3814 S FIRST ST STE B
LAKE CITY FL 32025
US

Mailing Address

P O BOX 830
LAKE CITY FL 32056-0830

2. Principal Place of Business

2128 SW Main Blvd
Suite, Apt. #, etc.
Suite 103
City & State
Lake City, FL
Zip
32025

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2832292

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURBEVILLE, RON
760 OAK AVE.
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name
Turbeville, Ron
Street Address (P.O. Box Number is Not Acceptable)
2128 SW Main Blvd
Suite 103
City
Lake City FL Zip Code
32025

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

Ron W. Turbeville Ron W. Turbeville Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
PSD
TURBEVILLE, RON
3814 S. 1ST STREET, SUITE B
LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Turbeville, Ron
2128 SW Main Blvd, Suite 103
Lake City FL 32025 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Ron W. Turbeville Ron W. Turbeville Pres. 2-9-05 384 752-5035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #