2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNVAL N	EPONI (AN)		¬	
DOCU 1. Entity Nam	MENT # K44364			Secretary of State	
ABBOTT	& WIEȘENFELD, P.A.			04-02-2004 90068 013 ***150.00	
Principal Plac	e of Business	Mailing Address		7	
· '	MER COVE RD	2929 PLUMMER COVE F	RD.		
	ILLE FL 32223	JACKSONVILLE FL 322		04022588	
		•			
2. Principal F	Place of Business	3. Mailing Address	5)		
10 W	1. Adams Street	10 Wa Adams	Street		
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
	sonville, FL	City& State Jacksonville	e, FL	4. FEI Number 59-2912652 Applied For Not Applicable	ole
Zip 3220		Zip 32202	Suval	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent	$\dashv$
PEE	K, DAVID H.		740/10		
160	9 GULF LIFE TOWER		Street Address	s (P.O. Box Number is Not Acceptable)	Ì
JAC	KSONVILLE FL 32207			· · · · · · · · · · · · · · · · · · ·	ᅱ
	•		City	FL Zip Code	-
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE .	Signature, typed or printed name of registered agent at	od titla if applicable (NOTE: E	Registered Agent signature requi	red when reinstating) DATE	
		**************************************	nogotorod regen signaturo regen	TO WHOM I SHOULD BY	$\dashv$
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
TITLE	DPS	☐ Delete	TITLE	☐ Change ☐ Addition	on
NAME STREET ADDRESS	ABBOTT, FRED M. 2929 PLUMMER COVE RD		NAME OTREET ARRESCO		
CITY-ST-ZIP	JACKSONVILLE FL		STREET ADDRESS CITY-ST-ZIP		Ì
TITLE	Т	☐ Delete	TITLE	Change Addition	on
NAME	ABBOTT, FRED M.		NAME		
STREET ADDRESS	2929 PLUMMER COVE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	□ 05 □ 6480	$\dashv$
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	on
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CITY-ST-ZIP			CITY-ST-ZIP		-
TILE		□ Delete	TITLE	Change Addition	on
NAME	E		NAME		
STREET ADDRESS			STREET ADDRESS		}
CITY-ST-ZIP		ALIA SIII and and an and an and an	CITY-ST-ZIP	0	4
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.					
0101:	7. 1 AN	1 11/1/1	<b>+</b>	03/31/04 904.807.3184	
SIGNAT	URE: SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER OF	DIRECTOR	03/31/04 904-807-3184 Date Daytime Phone #	.