

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 31, 2005
Secretary of State**

DOCUMENT# N04000002539

Entity Name: ABOUT OUR FATHER'S BUSINESS, INC.

Current Principal Place of Business:

216 CREWILLA DR
FT WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

216 CREWILLA DR
FT WALTON BCH, FL 32548

New Mailing Address:

FEI Number: 10-0443171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKMAN, JAMES A
220 GOVERNMENT ST STE 1
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: COLEMAN, ROGERIC E
Address: 216 CREWILLA DR
City-St-Zip: FT WALTON BCH, FL 32548

Title: VD () Delete
Name: COLEMAN, PAMELA J
Address: 216 CREWILLA DR
City-St-Zip: FT WALTON BCH, FL 32548

Title: SD () Delete
Name: MADDEN, KATRINA J
Address: 216 CREWILLA DR
City-St-Zip: FT WALTON BCH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGERIC COLEMAN

MR

05/31/2005

Electronic Signature of Signing Officer or Director

_____ Date