


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------------------|---------------------|---|--|--|
| DOCUMENT # P00000023180 1. Entity Name ABSOLUTE BUSINESS CONSULTING, INC. | | | |  | |
| Principal Place of Business 5440 95TH ST. SEBASTIAN FL 32958 US | | | Mailing Address 5440 95TH ST. SEBASTIAN FL 32958 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 65-0988649 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BRUBACKER, RAY 5440 95TH ST. SEBASTIAN FL 32958 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 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 <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DPST <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRUBAKER, RAY | | NAME | | |
| STREET ADDRESS | 5440 95TH ST | | STREET ADDRESS | | |
| CITY - ST - ZIP | SEBASTIAN FL 32958 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | U000000353030 | |
| STREET ADDRESS | | | STREET ADDRESS | 05/03/05-80052-007 150.00 | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: RAY BRUBACKER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 27 APR 05 <small>Daytime Phone if</small> | | |



1st MOORE CR2E034 (10/04)

FL

Zip Code

772-633-3791