## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P00000069774**

1. Entity Name ABEDNEGO, INC.



**FILED** Jan 16, 2004 08:00 AM Secretary of State

Principal Place of Business

1646 KEATS RD. JACKSONVILLE, FL 32208 Mailing Address

1646 KEATS RD.

JACKSONVILLE, FL 32208



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3663367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  $\Box$ 

6. Name and Address of Current Registered Agent

TOOKES, MODIS 1646 KEATS RD. JACKSONVILLE, FL 32208

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,		114	THIS SPACE
	named entity submits this statement for the pions of registered agent.	purpose of changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
¢			
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10. OFFICERS AND DIRECTORS		CTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOOKES, MODIS 1646 KEATS RD. JACKSONVILLE, FL 32208		0000000000044 01/16/04-80019-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOKES, MODIS 1646 KEATS RD. JACKSONVILLE, FL 32208		

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12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR