


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000079866</b> 1. Entity Name ABRC CORPORATION		
Principal Place of Business 4812 S. DIXIE HWY. WEST PALM BEACH, FL 33405	Mailing Address 4812 S. DIXIE HWY. WEST PALM BEACH, FL 33405	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  VIGNE, THOMAS J 3114 45TH ST. WEST PALM BEACH, FL 33407		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, BARRY R 441 32ND ST. WEST PALM BEACH, FL 33407	
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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: <u>Barry R. Clifford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-3-05</u> <u>8618324347</u> <small>Date Daytime Phone #</small>



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1034077	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

UN0000186267  
(11/21/05-80049-016 158.75)

**DO NOT WRITE  
IN THIS SPACE**