

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90232 029 ***150.00

DOCUMENT # P00000083929 1. Entity Name ABCO CELLULAR, INC.			
Principal Place of Business 1757 NOVA ROAD #101 HOLLY HILL, FL 32125		Mailing Address 1757 NOVA ROAD #101 HOLLY HILL, FL 32125	
2. Principal Place of Business 1025 NOVA RD Suite, Apt. #, etc. STE 109 City & State Holly Hill, FL Zip 32117	3. Mailing Address 1025 NOVA RD Suite, Apt. #, etc. STE 109 City & State Holly Hill, FL Zip 32117		
4. FEI Number 59-3671248		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, BRENT A 1757 NOVA ROAD #101 HOLLY HILL, FL 32125		7. Name and Address of New Registered Agent Name MORRIS BRENT A. Street Address (P.O. Box Number is Not Acceptable) 1025 NOVA RD. STE 109 City Holly Hill FL Zip Code 32117	
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 <u></u> DATE <u>2-24-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MORRIS, BRENT A <input checked="" type="checkbox"/> Delete STREET ADDRESS 264 E. KICKLIGHTER ROAD CITY-ST-ZIP LAKE HELEN, FL 32744	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MORRIS, BRENT A STREET ADDRESS 28 Silk Moss Ct. CITY-ST-ZIP S. DAYTONA FL. 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-24-05</u> Daytime Phone # <u>386 2522355</u>	