

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000089983

1. Entity Name
ABZ DATA SERVICES, INC.



Principal Place of Business
**389 HIDDEN COVE RD.
NORTH FT. MYERS, FL 33917-2932**

Mailing Address
**389 HIDDEN COVE RD.
NORTH FT. MYERS, FL 33917-2932**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, MARTHA M
389 HIDDEN COVE RD.
NORTH FT. MYERS, FL 33917-2932**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000627096
02/15/07-80046-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, MARTHA M
STREET ADDRESS 389 HIDDEN COVE RD.
CITY-ST-ZIP NORTH FT. MYERS, FL 339172932

TITLE STD
NAME BROWN, PHILLIP R SR.
STREET ADDRESS 389 HIDDEN COVE RD.
CITY-ST-ZIP NORTH FT. MYERS, FL 339172932

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martha Brown - **Martha Brown** / 2-05-07 - 239-997-3725