

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094926

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: ABM COMMUNITY PROPERTY SERVICES, INC.

## Current Principal Place of Business:

2300 PALM BEACH LAKES, #200D  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

940 PARK AVENUE  
SUITE 104  
LAKE PARK, FL 33403

## Current Mailing Address:

PO BOX 6970  
WEST PALM BEACH, FL 33405

## New Mailing Address:

FEI Number: 65-1047182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAKE, MARIE E  
2300 PALM BEACH LAKES, #200D  
#103  
WEST PALM BEACH, FL 33409

## Name and Address of New Registered Agent:

BLAKE, MARIE E  
940 PARK AVENUE  
#104  
LAKE PARK, FL 33403

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.

SIGNATURE: M.E.BLAKE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLAKE, MARIE E  
Address: 2300 PALM BEACH LAKES, #200D  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: ANDERSON, BEUERTYN  
Address: 33 DUANE RD.  
City-St-Zip: HAMDEN, CT 06514

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BLAKE, MARIE E  
Address: 940 PARK AVENUE, SUITE 104  
City-St-Zip: LAKE PARK, FL 33403

Title: D (X) Change ( ) Addition  
Name: ANDERSON, BEVERLYN  
Address: 33 DUANE RD.  
City-St-Zip: HAMDEN, CT 06514

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.E.BLAKE

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date