## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2005 8:00 am Secretary of State

DOCUMENT # P0100006422  1. Entity Name A.B.CONNOR & ASSOCIATES, INC.					03-22-2005 90013 011 ***150.00				
Principal Plac	ce of Business	Mailing Address	L.,		1				
4104 A1A SOUTH 4104 A1A SOUTH									
ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080									
	,							1 <b>515</b> 15 (1715 (17	
2. Principal Place of Business		3. Mailing Address			<b>116.</b> (1811 <b>18</b> 11) <b>18</b> 11 <b>18</b> 11				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1					
		<b>Gancy</b> ( <b>Principle</b>			02032005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FEI Number			Ap	plied For	
					59-3696	381	<del>-</del>	No	t Applicable
Zip	Zip Country Zip		Country		5. Certificate o	f Status Desired		8.75 Add	litional
<del></del>	S. Name and Address of Currer	at Registered Agent	<u> </u>		7 Name and 6	Address of Now D		ee Require	<u> </u>
6. Name and Address of Current Registered Agent			——— <del> </del>	lame	r. Name and F	Address of New R	egistered A	yen.	
MAY, RICHARD H						-, ,,,,			
431 STOV			S	Street Address (	(P.O. Box Number	is Not Acceptable	2)		
ORANGE PARK, FL 32073									
}			<u> </u>						
			0	City	FL Zip Code				
8. The above	named entity submits this statement	for the purpose of changing its	registered o	office or registe	red agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Age	ent signature require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.									
Aitoi iii	ay 1, 2005 Fee will be \$550				.00 May Be led to Fees				
10.	ay 1, 2005 Fee will be \$550				led to Fees	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
	officers an	1.00 Trust Fund Cont	tribution.		led to Fees	HANGES TO OFF		DIRECTORS	S IN 11
10. TITLE NAME	OFFICERS AN CONNOR, A B	D.00 Trust Fund Cont D DIRECTORS	11. TITLE NAME	Add	led to Fees	HANGES TO OFFI			
10. TITLE NAME STREET ADDRESS	OFFICERS AN D CONNOR, A B 4104 A1A SOUTH	D.00 Trust Fund Cont D DIRECTORS	11. THE NAME STREET A	DORESS Add	led to Fees	HANGES TO OFF			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  D  CONNOR, A B  4104 A1A SOUTH ST AUGUSTINE, FL 32080	Trust Fund Cont  D DIRECTORS  ☐ Delete	11. TITLE NAME STREET AL CITY-ST-	DORESS Add	led to Fees	HANGES TO OFF		☐ Change	☐ Addition
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12. I nercety certify that the information supplied with this filling does not quality 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 90

9044610600