

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2004 08:00 AM -
Secretary of State**

DOCUMENT # P01000047520

1. Entity Name
A,B,T, AND CO, INC.



Principal Place of Business
**6780 85TH STREET
VERO BEACH, FL 32967**

Mailing Address
**6780 85TH STREET
VERO BEACH, FL 32967**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3715686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABT, MICHAEL C
6780 85TH STREET
VERO BEACH, FL 32967**

**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 Michael C. Abt
Signature, typed or printed name of registered agent and title if applicable.

Michael C. Abt
(NOTE: Registered Agent signature required when reinstating)

2-19-04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABT, MICHAEL C
STREET ADDRESS	6780 85TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/23/04-80090-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael C. Abt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Abt

2-19-04

Date

772-473-8534

Daytime Phone #