

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000081652	
1. Entity Name ABE/DOS, INC.	



Principal Place of Business 1346 MAIN STREET DUNEDIN, FL 34698	Mailing Address 1346 MAIN STREET DUNEDIN, FL 34698
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01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3737101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WILLIAMS, ROBERT M 1346 MAIN STREET DUNEDIN, FL 34698
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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	(NOTE: Registered Agent's signature required when reinstating)	DATE
Signature, typed or printed name of registered agent and title if applicable		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000365006 05/09/05-80018-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT M 1346 MAIN STREET DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERZOG, LYNDA 1346 MAIN STREET DUNEDIN, FL 34698
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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: <i>Lynnda Gerzog</i>	5/1/05 727-733-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #