


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90049 037 \*\*\*158.75

<b>DOCUMENT # P02000013461</b>	
1. Entity Name <b>ABACO CONTRACTING INC.</b>	

Principal Place of Business <b>3878 PROSPECT AVE, SUITE 6B RIVIERA BEACH FL 33404</b>	Mailing Address <b>3878 PROSPECT AVE. #6 WEST PALM BEACH FL 33404</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>6</b>	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>MARKS, JERRY 5719 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418</b>	
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7. Name and Address of New Registered Agent Name <b>TIMOTHY RICHARD BALDWIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3878 PROSPECT AVE SUITE 6</b> City <b>RIVIERA BEACH</b> FL Zip Code <b>33404</b>	
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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 <i>Timothy R. Baldwin</i>	<b>TIMOTHY R. BALDWIN PD.</b>	DATE <b>2-4-2004</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, TIMOTHY 17603 93RD RD NORTH LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARKS, JERRY 17603 93RD ROAD NORTH LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Timothy R. Baldwin PD</i>	<b>TIMOTHY RICHARD BALDWIN 2404 561 7225713</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #