


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90082 038 ***150.00

DOCUMENT # P02000026544			
1. Entity Name ABIGAIL SANTIAGO-MONROE P.A.			
Principal Place of Business 555 W GRANADA BLVD STE D-7 ORMOND BCH FL 32174		Mailing Address 555 W GRANADA BLVD STE D-7 ORMOND BCH FL 32174	
2. Principal Place of Business 1400 Hand Ave		3. Mailing Address 1400 Hand Ave	
Suite, Apt. #, etc. Suite P		Suite, Apt. #, etc. Suite P	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174	Country	Zip 32174	Country
6. Name and Address of Current Registered Agent LOGUIDICE, JOSEPH A 555 W GRANADA BLVD STE D-7 ORMOND BCH FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, MICHAEL G 555 W GRANADA BLVD STE D-7 ORMOND BCH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, without other like empowered.

SIGNATURE:  **Michael G. Monroe** 4/26/05 386 439 9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1st MOORE CR2E034 (10/04)