## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P02000029821 ^ ABSOLUTE RESIDENTIAL & BUSINESS IMPROVEMENTS, INC. Principal Place of Business Mailing Address 1930 VIENNA DR. 1930 VIENNA DR. CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0558612 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE TUCKER, DANNY T 1930 VIENNA DR. CASSELBERRY, FL 32707 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TUCKER, DANNY T NAME STREET ADDRESS 1930 VIENNA DR. CITY-ST-ZP CASSELBERRY, FL 32707 TITLE NAME STREET ADDRESS CITY-ST-ZP TITS F NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

D NAME OF SIGNING OFFICER OR DIRECTOR

Danny T. Tucker President 4/26/05

321-231-1872

Dayame Phone F

**FILED**