

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074702

1. Entity Name  
AB-IFX, INCORPORATED



Principal Place of Business  
1300 EXECUTIVE CENTER DRIVE  
SUITE 309  
TALLAHASSEE, FL 32301

Mailing Address  
PO BOX 13962  
TALLAHASSEE, FL 32317

FILED  
04 APR 28 AM 9 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
50-0005226

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BAILEY, CLADIE A  
2626 E.PARK AVE  
#21104  
TALLAHASSEE, FL 32301

**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 *Cladie A Bailey Jr, President*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/04  
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 Fee  
700035822057  
10/04--01079--003 \*\*150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BAILEY, CLADIE A  
STREET ADDRESS 2626 E.PARK AVE #21104  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Cladie A Bailey Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04  
Date

850-656-9349  
Daytime Phone #