


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 033 ***150.00

DOCUMENT # P02000112018					
1. Entity Name ABAQA CORPORATION					
Principal Place of Business 1680 FRUITVILLE ROAD STE 202 SARASOTA, FL 34236			Mailing Address PO BOX 4313 SARASOTA, FL 34236		
2. Principal Place of Business 1680 FRUITVILLERO Suite, Apt. #, etc. Third Floor		3. Mailing Address 1680 FRUITVILLE RD Suite, Apt. #, etc. Third Floor		03172004 Chg-P CR2E034 (10/03)	
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 74-3065070	
Zip 34236		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMKINS, RONALD T 1680 FRUITVILLE ROAD STE 202 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name: SIMKINS, RONALD T Street Address (P.O. Box Number is Not Acceptable): 1680 FRUITVILLE RD Third Floor City: SARASOTA FL Zip Code: 34236	
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 signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ARTHUR D 1595 BAY POINT DR SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMKINS, RONALD T 915 POMELO AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRMANN, JEFFREY A 12713 FONTANA ST LEAWOOD, KS 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, BRUCE E 231 LEGENDARY CIR PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
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: _____			3/24 04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		