

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000112018

1. Entity Name
ABAQA CORPORATION



Principal Place of Business
**1680 FRUITVILLE RD
THIRD FLOOR
SARASOTA, FL 34236**

Mailing Address
**1680 FRUITVILLE RD
THIRD FLOOR
SARASOTA, FL 34236**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3065070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMKINS, RONALD T
1680 FRUITVILLE RD
THIRD FLOOR
SARASOTA, FL 34236**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000586731
01/17/07-80004-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAMBERT, ARTHUR D
1680 FRUITVILLE RD. 3RD FLOOR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMKINS, RONALD T
915 POMELO AVE
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERRMANN, JEFFREY A
12713 FONTANA ST
LEAWOOD, KS 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPBELL, BRUCE E
231 LEGENDARY CIR
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMBERT, ARTHUR D
1595 BAY POINT DR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LANE, JR, JOHN T
1680 FRUITVILLE RD. 3RD FLOOR
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

John L. Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

Date

(941) 906 3355

Daytime Phone #