

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113584

**FILED**  
**Jan 18, 2005**  
**Secretary of State**

**Entity Name:** ABSOLUTE MANAGEMENT ENTERPRISES, INC.

**Current Principal Place of Business:**

1890 WHARF RD  
SARASOTA, FL 34231

**New Principal Place of Business:**

1250 OGDEN RD  
SUITE C  
VENICE, FL 34285 US

**Current Mailing Address:**

1890 WHARF RD  
SARASOTA, FL 34231

**New Mailing Address:**

1250 OGDEN RD  
SUITE C  
VENICE, FL 34285 US

**FEI Number:** 54-2080067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERMAN, CARL E  
1124 S CYPRESS POINT DR  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

AMERMAN, CARL E  
346 MELROSE CT  
VENICE, FL 34292 US

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.

**SIGNATURE:**

01/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT ( ) Delete  
**Name:** OLSON, JOHN T JR  
**Address:** 5319 ANTHONY LANE  
**City-St-Zip:** SARASOTA, FL 342332498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DPT (X) Change ( ) Addition  
**Name:** OLSON, JOHN T JR  
**Address:** 1250 OGDEN RD SUITE C  
**City-St-Zip:** VENICE, FL 34285 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN T. OLSON, JR

DPT

01/18/2005

Electronic Signature of Signing Officer or Director

Date