★ 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130587

1. Entity Name
ABC. FINANCIAL INC.

Principal Place of Business	Mailing Address
PO BOX 316 LYNN HAVEN, FL 32444	PO BOX 316 LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

04062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3726514	Not Applicable

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

6. Name and Address of Current Registered Agent

POPPELL, SCOTT D
1501 MULBERRY AVENUE
STE 5
PANAMA CITY, FL 32405

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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 4-14-04

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 Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	POPPELL, SCOTT D
STREET ADDRESS	4324 W 20TH STREET K316
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	ST
NAME	BURGANS, THURON J
STREET ADDRESS	1706 MOLITOR AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/04-80028-015 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-14-04   Daytime Phone # 850-769-2699