

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90284 008 ***150.00

DOCUMENT # P02000134900

1. Entity Name
ABA ENTERTAINMENT CONSULTANTS, INC.



Principal Place of Business
5007 TAMiami TRAIL E, STE L-1
NAPLES, FL 34113

Mailing Address
5007 TAMiami TRAIL E, STE L-1
NAPLES, FL 34113

44067106



2. Principal Place of Business

990 1st Avenue S.

Suite, Apt. #, etc.
Suite 201

City & State
NAPLES, FL

Zip
34102

Country
USA

3. Mailing Address

990 1st Ave S.

Suite, Apt. #, etc.
Suite 201

City & State
NAPLES, FL

Zip
34102

Country
USA

03082004 Chg-P CR2E034 (10/03)

4. FEI Number
27-0040460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EASTON, J. PAUL
5007 TAMiami TRAIL E, STE L-1
NAPLES, FL 34113

7. Name and Address of New Registered Agent

Name
J. PAUL EASTON

Street Address (P.O. Box Number is Not Acceptable)

6859 Old Banyan Way

City
NAPLES

FL

Zip Code
34109

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 J. PAUL EASTON, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/05/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EASTON, J. PAUL
5007 TAMiami TRAIL E, STE L-1
NAPLES, FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
EASTON, J. PAUL
6859 Old Banyan Way
NAPLES, FL 34109 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: J. PAUL EASTON, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/05/04

Daytime Phone #

239-2625291