

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005626

Entity Name: ABIGAIL, INC.

FILED  
Mar 19, 2005  
Secretary of State

## Current Principal Place of Business:

3795 FIELDSTONE BLVD. #105  
NAPLES, FL 34109

## New Principal Place of Business:

3205 W CORTARO FARMS RD #57  
TUCSON, AZ 85742

## Current Mailing Address:

3795 FIELDSTONE BLVD. #105  
NAPLES, FL 34109

## New Mailing Address:

3205 W CORTARO FARMS RD #57  
TUCSON, AZ 85742

FEI Number: 02-0670424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, GAIL S  
3795 FIELDSTONE BLVD. #105  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

BOLAN MANLEY TAX PROFESSIONALS, INC.  
875 102ND AVENUE N  
NAPLES, FL 34108 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: MICHAEL A. MANLEY

03/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROOKS, GAIL S  
Address: 3795 FIELDSTONE BLVD. #105  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROOKS, GAIL S  
Address: 3205 W CORTARO FARMS RD #57  
City-St-Zip: TUCSON, AZ 85742

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: GAIL S. BROOKS

PD

03/19/2005

Electronic Signature of Signing Officer or Director

Date