


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90066 001 \*\*\*300.00

|                                                     |  |                                                                                   |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000050749</b>                      |  |  |
| 1. Entity Name<br>ABC BOOKKEEPING & INCOME TAX INC. |  |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>1755 U.S. HWY 27 SOUTH<br>SEBRING, FL 33870 | Mailing Address<br>1755 U.S. HWY 27 SOUTH<br>SEBRING, FL 33870 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

**66000311**

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|--------------------------------------------------------------------------------|------------------------------------------------------------|
| 2. Principal Place of Business<br>127 Reedy Creek Drive<br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. Box 7082<br>Suite, Apt. #, etc. |
|--------------------------------------------------------------------------------|------------------------------------------------------------|



01202005 Chg-P CR2E034 (10/03)

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| City & State<br>Frostproof, FL 33843 | City & State<br>Avon Park, FL 33826 |
| Zip<br>33843                         | Country<br>USA                      |
| Zip<br>33826                         | Country<br>USA                      |

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>22-3897475 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>BARBER, TERRENCE<br>1755 U.S. HWY 27 SOUTH<br>SEBRING, FL 33870 |  |
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| 7. Name and Address of New Registered Agent<br>Name<br>Karla Renee Bennett<br>Street Address (P.O. Box Number is Not Acceptable)<br>127 Reedy Creek Drive<br>City<br>Frostproof FL Zip Code<br>33843 |  |
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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 Karla Renee Bennett DATE 1-20-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                       |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BARBER, TERRENCE<br>1755 U.S. HWY 27 SOUTH<br>SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PDT<br>Bennett, Karla R<br>127 Reedy Creek Drive<br>Frostproof, FL 33843 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BABRER, GLENDA<br>1755 U.S. HWY 27 SOUTH<br>SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VSD<br>Bennett, Douglas<br>127 Reedy Creek Drive<br>Frostproof, FL 33843 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BARBER, MATTHEW<br>1755 U.S. HWY 27 SOUTH<br>SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> 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: Karla Renee Bennett DATE 1-20-05 DAYTIME PHONE # 8634520101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR