

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000053221

1. Entity Name  
ABRAMS SOFTWARE, INC.



Principal Place of Business      Mailing Address  
1830 WEST COBBLESTONE      PO BOX 3525  
SAINT AUGUSTINE, FL 32092      SAINT AUGUSTINE, FL 32085

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**



04102005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
36-4525202      Not Applicable  
5. Certificate of Status Desired      ☐      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ABRAMS, NANCY L  
1830 W COBBLESTONE LANE  
ST AUGUSTINE, FL 32092

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMS, NANCY L 1830 W COBBLESTONE LANE ST AUGUSTINE, FL 32092
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000000318299  
04/20/05-80050-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

*Nancy L Abrams*      Nancy L Abrams      4-16-05