
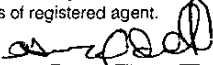
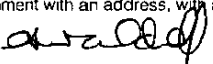


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 050 ***150.00

DOCUMENT # P03000060392 1. Entity Name ALL ABODE, INC.					
Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 22 JACKSONVILLE, FL 32217			Mailing Address 4241 BAYMEADOWS ROAD SUITE 22 JACKSONVILLE, FL 32217		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 56-2364556			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARKER & BARKER, P.A. 4244 ST. JOHNS AVE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name GEORGE W. CALDWELL Street Address (P.O. Box Number is Not Acceptable) 1157 DURBIN PARKE DR. City JACKSONVILLE FL 32259		
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  GEORGE W. CALDWELL DATE 1/9/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CALDWELL, MARY E 181 BLACKHAWK TRACE GALENA, IL 61036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1157 DURBIN PARKE DR. JACKSONVILLE, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRAY, DAVID F 8650 S OCEAN DR, UNIT 1005 JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CALDWELL, GEORGE 181 BLACKHAWK TRACE GALENA, IL 61036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1157 DURBIN PARKE DR. JACKSONVILLE, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  GEORGE W. CALDWELL DATE 1/9/04 (904) 737-8444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01092004 Chg-P CR2E034 (10/03)