

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90022 026 ***150.00

DOCUMENT # P03000077999

1. Entity Name
ABACUS INSTRUMENTS, INC.



Principal Place of Business
**3111 WEST DR. MARTIN LUTHER KING BOULEVARD
SUITE 100
TAMPA, FL 33607**

Mailing Address
**3111 WEST DR. MARTIN LUTHER KING BOULEVARD
SUITE 100
TAMPA, FL 33607**

54025325

2. Principal Place of Business
4625 N. MANHATTAN AVE

3. Mailing Address
4625 N. MANHATTAN AVE

Suite, Apt. #, etc.
E

City & State
TAMPA

Zip
33614

Country



03112004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0488209

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANEY & GORDON, P.A.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA, FL 33602**

Name

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

City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when retesting.)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, GARETH S	
STREET ADDRESS	3111 WEST DR. ML KING BLVD., SUITE 100	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, GARETH S	
STREET ADDRESS	3111 WEST DR. ML KING BLVD. STE. 100	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRATT, CLIVE	
STREET ADDRESS	3111 WEST DR. ML KING BLVD. STE. 100	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, HANNAH Z	
STREET ADDRESS	3111 WEST DR. ML KING BLVD. STE. 100	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16209 HOYLAK DR	
STREET ADDRESS	ODESSA, FL 33556	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16209 HOYLAK DR	
STREET ADDRESS	ODESSA, FL, 33556	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16209 HOYLAK DR	
STREET ADDRESS	ODESSA, FL, 33556	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2004

Date

88 872 7239

Daytime Phone #