2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094365

Entity Name: ABC FINANCIAL GROUP, INC.

FILED Aug 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

27241 BAY LANDING DR., SUITE 3 9200 BONITA BEACH ROAD BONITA SPRINGS, FL 34135

UNIT #206

BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

27241 BAY LANDING DR., SUITE 3 9200 BONITA BEACH ROAD

BONITA SPRINGS, FL 34135 **UNIT #206**

BONITA SPRINGS, FL 34135 US

FEI Number: 20-0182339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORTIS, MONICA C MORTIS, MONICA C 27241 BÁY LANDING DR., SUITE 3 9200 BONITA BEACH ROAD

BONITA SPRINGS, FL 34135 UNIT # 206

BONITA SPRINGS, FL 34135 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: MONICA MORFIS 08/11/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition

MORFIS, MONICA C Name: Name: MORFIS, MONICA C PO BOX 770277 9200 BONITA BEACH ROAD UNIT # 206 Address: Address:

City-St-Zip: VANDERBILT BEACH, FL 34107 City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: PSTD (X) Delete Title: () Change () Addition Name: HANNAH, DOUGLAS J Name:

PO BOX 770277 Address: Address: VANDERBILT BEACH, FL 34107 City-St-Zip: City-St-Zip:

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: MONICA MORFIS **PSTD** 08/11/2004