


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90003 021 \*\*\*158.75

<b>DOCUMENT # P03000110703</b> 1. Entity Name <b>ABSCO, INC.</b>					
Principal Place of Business <b>4960 EAST COMMERCE PARKWAY LAKELAND FL 33805 US</b>			Mailing Address <b>114 PALMOLA STREET LAKELAND FL 33803 US</b>		
2. Principal Place of Business		3. Mailing Address <b>4960 EAST LAKELAND COMM. PKWY.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE # 8</b>			
City & State		City & State <b>LAKELAND, FL</b>			
Zip <b>33805</b>	Country <b>Polk</b>	4. FEI Number <b>20-0284189</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LOCKWOOD, TODD J 114 PALMOLA STREET LAKELAND FL 33803</b>			7. Name and Address of New Registered Agent Name <b>DONALD J. LOCKWOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>SUITE 8 4960 EAST LAKELAND Commerce Pkwy LAKELAND FL 33805</b>		
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 <u>Donald J. Lockwood</u> <span style="float: right;">08-03-2005</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKWOOD, TODD J 114 PALMOLA STREET LAKELAND FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKWOOD, Todd J. 1029 WINFRED WAY LAKELAND, FL. 33809
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKWOOD DONALD J. 6451 BENDLOW DR. LAKELAND, FL. 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LOCKWOOD ELAINE C. 6451 BENDLOW DR. LAKELAND, FL. 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u>Donald J. Lockwood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08-03-05 863-669-9700 <small>Date Daytime Phone #</small>		