

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90090 043 ***150.00

DOCUMENT # P03000110703

1. Entity Name

ABSCO, INC.



Principal Place of Business

**4960 EAST COMMERCE PARKWAY
LAKELAND FL 33805
US**

Mailing Address

**4960 EAST LAKELAND COMMONS PWKY
SUITE # 8
LAKELAND FL 33805
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #

Suite # 8

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0284189

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

**LOCKWOOD, DONALD J
4960 EAST LAKELAND COMMERE PKWY
SUITE B
LAKELAND FL 33805**

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LOCKWOOD, TODD J	
STREET ADDRESS	1029 WINFRED WAY	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOCKWOOD, DONALD J	
STREET ADDRESS	6451 BENDELOW DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	LOCKWOOD, ELAINE C	
STREET ADDRESS	6451 BENNELOW DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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 exemptions contained in Section 119, 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: Donald J. Lockwood **DONALD J. LOCKWOOD** **2-15-06 863-669-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #