

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91230 009 ***150.00

DOCUMENT # P03000138466

1. Entity Name
ABBOT TAX & ACCOUNTING SERVICE, INC.



Principal Place of Business

**1 OLEANDER STREET
SUITE 9
COCOA, FL 32922**

Mailing Address

**1 OLEANDER STREET
SUITE 9
COCOA, FL 32922**

2. Principal Place of Business

2360 Marsh Harbor Dr.

Suite, Apt. #, etc.

3. Mailing Address

2360 Marsh Harbor Dr.

Suite, Apt. #, etc.



03282004

Chg-P

CR2E034 (10/03)

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

20-0446153

Applied For

Not Applicable

Zip

Country

32952

Zip

Country

32952

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEED, PAUL
1 OLEANDER STREET
SUITE 9
COCOA, FL 32922**

7. Name and Address of New Registered Agent

Name **Paul Stead**

Street Address (P.O. Box Number is Not Acceptable)
2360 Marsh Harbor Drive

City **Merritt Island,**

FL

Zip Code
32952

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 **Paul Stead**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**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 ☐ Delete
NAME **P**
STREET ADDRESS **STEED, PAUL**
CITY-ST-ZIP **2360 MARSH HARBOR DRIVE
MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **STEED, PAUL**
CITY-ST-ZIP **2360 MARSH HARBOR DRIVE
MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **STEED, JOHN**
CITY-ST-ZIP **2360 MARSH HARBOR DRIVE
MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Paul Stead**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

(321) 504-7606

Daytime Phone #