2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-11-2005 90160 030 ***150.00

DOCUMENT # P04000033477

1. Entity Name
ABBOTT'S ACCURATE AWNINGS INC

Principal Place of Business	Mailing Address
4548 PARKWAY BLVD LAND O LAKES, FL 34639	PO BOX 1531 LAND O LAKES, FL 34639

00013743

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
30434 COMMERCE DR	30434 COMMERCE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAN ANTONIO, FL	City & State: SAN ANTONIO, FL
Zip: 33576 Country: USA	Zip: 33576 Country: USA

4. FEI Number 20-0762586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMALL BUSINESS ACCOUNTING SERVICES
204 CRYSTAL GROVE BLVD
LUTZ, FL 33548

7. Name and Address of New Registered Agent

Name: SMALL BUSINESS ACCOUNTING SERVICES
Street Address (P.O. Box Number is Not Acceptable): 202 CRYSTAL GROVE BLVD
City: LUTZ FL Zip Code: 33548

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: Wendy Pastor Corbett 3/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P ABBOTT, DONNA W 4548 PARKWAY BLVD LAND O LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABBOTT, KENNETH W 4548 PARKWAY BLVD LAND O LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X Donna Abbott 3/30/05 813 251 4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #