


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000044198</b> 1. Entity Name <b>ABSOLUTE ENTERPRISES OF MARION COUNTY, INC.</b>	
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Principal Place of Business <b>P.O. BOX 3171 OCALA, FL 34478</b>	Mailing Address <b>P.O. BOX 3171 OCALA, FL 34478</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0828227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NICHOLSON, FRANKIE P.O. BOX 3171 OCALA, FL 34478</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NICHOLSON, FRANKIE PO BOX 3171 OCALA, FL 34478</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SZKUDLAREK, BRIAN PO BOX 3171 OCALA, FL 34478</b>
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04/20/06-80049-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/5/06** **352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #