

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90038 001 ***150.00

DOCUMENT # P04000058313

1. Entity Name

A B & D REALTY OF FT LAUDERDALE, INC.



Principal Place of Business

929 NW 8 AVENUE
FORT LAUDERDALE, FL 33311

Mailing Address

929 NW 8 AVENUE
FORT LAUDERDALE, FL 33311

50016000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1128062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, ROBERT
929 NW 8 AVENUE
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name **ORINTHIA TAYLOR**

Street Address (P.O. Box Number is Not Acceptable)

929 NW 8 AVENUE

City **FORT LAUDERDALE**

FL

Zip Code **33311**

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

Antoinette Walker

2/11/05

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

TITLE **P** ☒ Delete
NAME **WALKER, ROBERT**
STREET ADDRESS **929 NW 8 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **VP** ☐ Delete
NAME **WALKER, BARRINGTON R**
STREET ADDRESS **929 NW 8 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **P** ☐ Delete
NAME **TAYLOR, ORINTHIA**
STREET ADDRESS **929 NW 8 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **Secretary** ☐ Delete
NAME **Antoinette Walker**
STREET ADDRESS **929 NW 8th AVE.**
CITY-ST-ZIP **ft. laud, FL 33311**

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 **P** ☒ Change ☒ Addition
NAME **TAYLOR ORINTHIA**
STREET ADDRESS **929 NW 8 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **Secretary** ☒ Change ☒ Addition
NAME **Antoinette Walker**
STREET ADDRESS **929 NW 8th AVE.**
CITY-ST-ZIP **ft. laud, FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Antoinette Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 929 325-4700

Date

Daytime Phone #

Antoinette Walker