


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90298 021 ***150.00

DOCUMENT # P04000076357 1. Entity Name ABBIE PROPERTIES, INC.																																																	
Principal Place of Business 3949 EVANS AVE #205 FT MYERS, FL 33901			Mailing Address 3949 EVANS AVE #205 FT MYERS, FL 33901																																														
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 403</i> City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. <i>Suite 403</i> City & State Zip Country																																														
4. FEL Number 50-0014590			Applied For <input type="checkbox"/> Not Applicable																																														
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04212005 Chg-P CR2E034 (10/03)																																														
6. Name and Address of Current Registered Agent REPSHER, LISA 3949 EVANS AVE #205 <i>#403</i> FT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Suite 403</i> 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D REPSHER, LISA 3949 EVANS AVE #205 <i>(403)</i> FT MYERS, FL 33901 </td> </tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REPSHER, LISA 3949 EVANS AVE #205 <i>(403)</i> FT MYERS, FL 33901	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <i>Suite 403</i> </td> </tr> <tr><td colspan="2" style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Suite 403</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u><i>Lisa Repsher</i></u> <i>4/21/05</i> <i>239-275-7766</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																																	

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