


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

04-22-2005 90270 017 ***100.00
06-22-2005 90078 029 ****50.00

DOCUMENT # P04000139776	
1. Entity Name ABC FACTORING OF CENTRAL FLA., INC.	

Principal Place of Business 270 WAYMONT CT - STE 110 LAKE MARY, FL 32746	Mailing Address 270 WAYMONT CT - STE 110 LAKE MARY, FL 32746
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2. Principal Place of Business 24525 CR 44A Suite, Apt. #, etc.	3. Mailing Address P.O. Box 520 Suite, Apt. #, etc.
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City & State Eustis, FL	City & State Sorrento, FL
Zip 32736	Zip 32776
Country Lake	Country Lake

04182005 Chg-P CR2E034 (10/03)

4. FEI Number 83-0409137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUEGGEMAN, LEA ESQ 270 WAYMONT CT - STE 110 LAKE MARY, FL 32746	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, MARK	NAME	
STREET ADDRESS	P O BOX 520	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 32776	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, ASHLEY	NAME	
STREET ADDRESS	2511 WAYCROSS AVE	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	4-15-05	352-357-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #