

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90467 001 \*\*\*150.00

60032405



03032006 Chg-P CR2E034 (11/05)

4. FEI Number ☐ Applied For  
☒ Not Applicable

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

DOCUMENT # P05000100989

1. Entity Name  
ABC 41, INC.



Principal Place of Business  
18975 CROOKED LANE  
LUTZ, FL 33549

Mailing Address  
18975 CROOKED LANE  
LUTZ, FL 33549

2. Principal Place of Business  
24747 S.R. 54  
Suite, Apt. #, etc. #6

3. Mailing Address  
24747 S.R. 54  
Suite, Apt. #, etc. #6

City & State LUTZ, FL.

City & State LUTZ, FL.

Zip 33559 County PASCO

Zip 33559 County PASCO

6. Name and Address of Current Registered Agent  
HOBBY, H. CLYDE  
5709 TIDALWAVE DR.  
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent  
Name PHILIP D. COLLINS  
Street Address (P.O. Box Number is Not Acceptable) 24747 S.R. 54  
#6  
City LUTZ FL Zip Code 33559

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 *Philip D. Collins P.T.D.* PHILIP D. COLLINS 04/04/06  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D BROOKS, J. ROY 18975 CROOKED LANE LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T COLLINS, PHILIP D 24747 STATE ROAD 54 #6 LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RICHARD E 3227 BANYAN HILL DRIVE LAND O'LAKES, FL 34639 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D. PHILIP D. COLLINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24747 S.R. 54 #6 LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. SAMUEL B. BRIDGES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7313 BRIGHT WATER OAKS DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Philip D. Collins P.T.D.* PHILIP D. COLLINS 04/04/06 813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #