
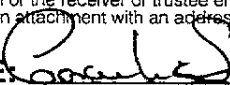


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P38572 1. Entity Name ABADDON, INC.					
Principal Place of Business 631 U.S. HWY. ONE STE. 204 NORTH PALM BEACH FL 33408 US			Mailing Address 631 U.S. HWY. ONE STE. 204 NORTH PALM BEACH FL 33408 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 65-0312521	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, GARY 631 US HWY. 1 STE. 204 NORTH PALM BEACH FL 33408				Name Street Address (P.O. Box Number is Not Acceptable) 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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	STENZ-BRADBURY, CORNELIA		NAME		
STREET ADDRESS	631 U.S. HWY. 1, STE. 204		STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADBURY, G. R		NAME		
STREET ADDRESS	631 US HWY. 1		STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL		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		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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  Cornelia Stenz Jan 21 2004 561-863-5334					



MOORE CR2E034 (11/03)

4. FEI Number **65-0312521**
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, GARY
631 US HWY. 1
STE. 204
NORTH PALM BEACH FL 33408

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
P
STENZ-BRADBURY, CORNELIA
631 U.S. HWY. 1, STE. 204
N. PALM BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BRADBURY, G. R
631 US HWY. 1
N. PALM BCH. FL ☐ Delete

TITLE
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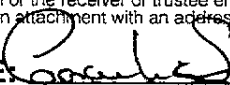
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SIGNATURE  **Cornelia Stenz** Jan 21 2004 561-863-5334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #