

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000003272
 1. Entity Name
A B SYSTEMS, INC.



Principal Place of Business: **C/O ROBERT MARQUETTE, II
 6509 BIMINI COURT
 APOLLO BEACH, FL 33572**

Mailing Address: **C/O ROBERT MARQUETTE, II
 6509 BIMINI COURT
 APOLLO BEACH, FL 33572**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3148433** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**MARQUETTE, ROBERT E II
 6509 BIMINI COURT
 APOLLO BEACH, FL 33572**

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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: _____ DATE: _____
Signature type or other name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating.)

**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	D
NAME	MARQUETTE, ROBERT E II
STREET ADDRESS	6509 BIMINI COURT
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/19/05-80008-019 150.00

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: *R E Marquette*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R E Marquette

Date: **1-13-05**
 Daytime Phone #: **813-645-4492**