2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000003272

1. Entity Name
A B SYSTEMS, INC.

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

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01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3148433		Not Applicabl

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

0000000382086

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

01/11/06-80079-009   150.00

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	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 inform 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: