

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90235 010 ***150.00

DOCUMENT # P93000023081

1. Entity Name
ABSS AUTOMOTIVE, INC.



Principal Place of Business

6704 U.S. 90 WEST
LAKE CITY, FL 32055 US

Mailing Address

P.O. BOX 2107
LAKE CITY, FL 32056 US



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3173238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLBRITTON, PATRICK C SR
6704 US 90 WEST
LAKE CITY, FL 32055

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	ALBRITTON, PATRICK C SR.
STREET ADDRESS	ROUTE 7, BOX 52-6 N/A
CITY-ST-ZIP	LIVE OAK, FL
TITLE	VD
NAME	SUMMERS, W L
STREET ADDRESS	POST OFFICE BOX 2817 N/A
CITY-ST-ZIP	LAKE CITY, FL
TITLE	SVD
NAME	SUMMERS, GORDON P JR
STREET ADDRESS	POST OFFICE BOX 2107 N/A
CITY-ST-ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick C. Allbritton, Sr
Patrick C. Allbritton, Sr
Pres.

Date

Daytime Phone #

04/26/04 386-362-4012