## 2005 FOR PROFIT CORPORATION

## Jan 14, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P93000023914 ABACA PLUMBING, INC. Principal Place of Business \_ Mailing Address 5186 NE 12 AVE 5186 NE 12 AVE OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 US 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0398558 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUMP, DANIEL C DO NOT WRITE 2631 E OAKLAND PARK BLVD #106 FORT LAUDERDALE, FL 33306 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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTV** TITLE BARKE, CAROLE NAME STREET ADDRESS 6241 NE 20TH TER. U00000181164 U1/14/05-80037-001 150.00 FT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE NAME STREET ADDRESS 1/000000181164 CITY-ST-ZIP 01/14/05-80037-002 8.75 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 fustee impowered 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 addi

CITY-ST-ZIP TITLE

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED