

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90014 024 \*\*\*150.00

DOCUMENT # P93000056191

1. Entity Name

ABSOLUTEVALUE SYSTEMS, INC.



Principal Place of Business

715-D NORTH DRIVE  
MELBOURNE FL 32934-9244  
US

Mailing Address

715-D NORTH DRIVE  
MELBOURNE FL 32934-9244  
US

40000373



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

721 North Dr, Suite D

3. Mailing Address

721 North Dr, Suite D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3193955

Applied For

Not Applicable

Zip  
32934

Country  
USA

Zip  
32934

Country  
USA

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

MATHEWS, MARK S  
465 SONDERLING DR  
INDIALANTIC FL 32903

Name

Street Address (P.O. Box Number is Not Acceptable)

465 Sanderling Drive

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

*Mark S. Mathews*

Mark S. Mathews

1/19/2005

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, 2005 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

TITLE P ☐ Delete  
NAME MATHEWS, MARK S  
STREET ADDRESS 465 SONDERLING DR  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE V ☒ Delete  
NAME MATHEWS, BRIAN D  
STREET ADDRESS 626 STURBRIDGE TER SE  
CITY-ST-ZIP PALM BAY FL 32909

TITLE ST ☐ Delete  
NAME MATHEWS, JO-ELLEN  
STREET ADDRESS 465 SONDERLING DR  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 465 Sanderling Drive  
CITY-ST-ZIP

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

TITLE VST ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 465 Sanderling Drive  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Jo-Ellen F. Mathews*

Jo-Ellen F. Mathews

1-19-2005 321-259-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #