

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000018672 1. Entity Name ABERDEEN TIMES, INC.	
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Principal Place of Business C/O LEONARD TARMON 7200 HEARTHSTONE RD. BOYNTON BEACH, FL 33437 US	Mailing Address P.O. BOX 740063 BOYNTON BEACH, FL 33474-0063 US
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08052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0267706	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEONARD, TARMON 7200 HEARTHSTONE RD. BOYNTON BEACH, FL 33437
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**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 renewing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

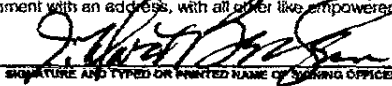
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000169652
09/09/04-90005-013 550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAWITZ, RUTH 7791 BRIDLINGTON DR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CEASE, CAROL 8324 WATERLINE DR., #210 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGRIN, DAVID I 7270 HEATH STONE AVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 19.07(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

8/5/04 561-736-0318
Date Daytime Phone #