# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P94000018672

1. Entity Name
ABERDEEN TIMES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/OLEONARD TARMON<br>7200 HEARTHSTONE RD.<br>BOYNTON BEACH, FL 33437 US | P.O. BOX 740063<br>BOYNTON BEACH, FL 33474-0063 US |

08052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0267706
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEONARD, TARMON
7200 HEARTHSTONE RD.
BOYNTON BEACH, FL 33437

**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 $550.00**
**Due by September 8, 2004**

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

U00000169652
09/09/04-80005-013 550.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | KRAWITZ, RUTH |
| STREET ADDRESS | 7791 BRIDLINGTON DR. |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | S |
| NAME | CEASE, CAROL |
| STREET ADDRESS | 8324 WATERLINE DR., #210 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | V |
| NAME | BERGRIN, DAVID I |
| STREET ADDRESS | 7270 HEATH STONE AVE |
| CITY-ST-ZIP | 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 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:** _____ 8/5/04 561-736-0318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #