


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90038 049 ***150.00

DOCUMENT # P95000000411

1. Entity Name
ABRAHAM & ABRAHAM, P.A.



Principal Place of Business Mailing Address

307 E NEW HAVEN AVE **P.O. BOX 033401**
SUITE 2 **INDIALANTIC, FL 32903**
MELBOURNE, FL 32901

40011927



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3298073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, CHERYL L
307 E NEW HAVEN AVE
SUITE 2
MELBOURNE, FL 32901

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ABRAHAM, CHERYL L 307 E. NEW HAVEN AVENUE, #2 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAHAM, DENNIS L 307 E. NEW HAVEN AVENUE, #2 MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or 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 the empowered.

SIGNATURE: *Cheryl L Abraham* **1/28/05** **321-984-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #