2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P95000039516

Entity Name: ABBA PRINTING COMPANY, INC.

Current Principal Place of Business:

532 SAMPLES ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

PO BOX 551156
JACKSONVILLE, FL 322551156

New Mailing Address:

FEI Number: 59-3321882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOODS, WILLIAM E
Address: 532 SAMPLES ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: WOODS, SHARON L
Address: 532 SAMPLES ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: RITCHEY, WANDA
Address: 1330 SPEAKER DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: HUMPHREY, DAVID A
Address: 1013 CAHOON RD
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. WOODS PRES 01/05/2004

Electronic Signature of Signing Officer or Director — Date