

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000067926**

1. Entity Name  
**ABERNATHY ENTERPRISES, INC.**



Principal Place of Business  
**10211 FRANKIE LANE DRIVE  
ST. JAMES CITY, FL 33956**

Mailing Address  
**10211 FRANKIE LANE DRIVE  
ST. JAMES CITY, FL 33956**



03212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0610825</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ABERNATHY, ERNEST G  
10211 FRANKIE LANE DRIVE  
ST. JAMES CITY, FL 33956**

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABERNATHY, ERNEST G
STREET ADDRESS	10211 FRANKIE LANE DRIVE
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	D
NAME	ABERNATHY, DAVID W
STREET ADDRESS	10211 FRANKIE LANE DRIVE
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	D
NAME	ABERNATHY, MARGARET
STREET ADDRESS	10211 FRANKIE LANE DRIVE
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80040-005 150.00

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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:**

*Ernest G. Abernathy* **ERNEST G. ABERNATHY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/04  
239-283-1327