2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # P95000094977 1. Entity Name ABSOLUTE HOLDINGS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address C/O WILLIAM E WRIGHT 13500 CHELMSFORD ST C/O WILLIAM E WRIGHT 13500 CHELMSFORD ST **WELLINGTON FL 33414** WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0629231 Not Applicable Zip Country 2in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 13500 CHELMSFORD STREET WELLINGTON FL 33414 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition WRIGHT, WILLIAM NAME NAME *U000000066805* C/O COLONY RLTY, 12230 FOREST HILL STE 101 STREET ADDRESS STREET ADDRESS U2/26/04-80027-008 150.00 CITY -ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITE F Change ☐ Addition ELLIOTT, RICHARD NAME NAME STREET ADDRESS 13150 DOUBLETREE CIRCLE STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Сhange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 impowered.

WILLIAM WRIGHT 2