

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004828

FILED
Jan 14, 2005
Secretary of State

Entity Name: ABS SUPPORT SERVICES, INC.

Current Principal Place of Business:

5928 FORTUNE PLACE
APOLLO BEACH, FL 33572

New Principal Place of Business:

10335 CARROLLWOOD LANE
STE. 114
TAMPA, FL 33618 US

Current Mailing Address:

P.O. BOX 1346
RUSKIN, FL 33575 US

New Mailing Address:

P.O. BOX 273748
TAMPA, FL 33688 US

FEI Number: 59-3370288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ANITA M
215 ST THOMAS CIR N
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

OLSON, ANITA M
10335 CARROLLWOOD LANE
STE. 114
TAMPA, FL 33618 US

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: _____

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: OLSON, ANITA M
Address: 215 ST. THOMAS CIR. N
City-St-Zip: APOLLO BEACH, FL 33572

Title: 1VP () Delete
Name: MCCOY, DEBORAH A
Address: 5212 CAREY ROAD
City-St-Zip: TAAMPA, FL 33624

Title: 2VP () Delete
Name: GUERRA-BURKHARD, NANCY L
Address: 13802 CANDIDATE PLACE
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: MCCOY, JAMES R
Address: 5212 CAREY ROAD
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDC (X) Change () Addition
Name: OLSON, ANITA M
Address: 10335 CARROLLWOOD LANE STE. 114
City-St-Zip: TAMPA, FL 33618 US

Title: 1VP (X) Change () Addition
Name: MCCOY, DEBORAH A
Address: 5212 CAREY ROAD
City-St-Zip: TAAMPA, FL 33624 US

Title: 2VP (X) Change () Addition
Name: GUERRA-BURKHARD, NANCY L
Address: 13802 CANDIDATE PLACE
City-St-Zip: TAMPA, FL 33613 US

Title: S (X) Change () Addition
Name: MCCOY, JAMES R
Address: 5212 CAREY ROAD
City-St-Zip: TAMPA, FL 33624 US

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: ANITA M OLSON

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date