

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12; 2004 08:00 AM
Secretary of State

DOCUMENT # P98000087410 1. Entity Name ABW ENTERPRISES, INC.	
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Principal Place of Business 5860 STAFF DRIVE CRESTVIEW, FL 32536	Mailing Address P O BOX 1433 CRESTVIEW, FL 32536
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04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542097	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WARD, ALAN B 5860 STAFF DRIVE CRESTVIEW, FL 32536

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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 registering.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

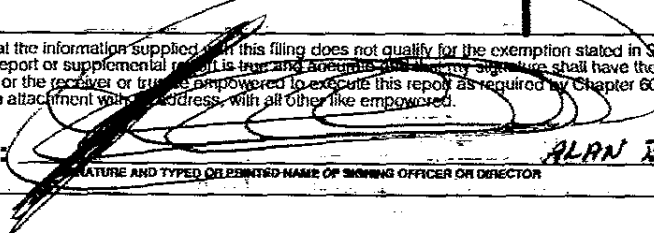
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000108467
04/12/04 80004 017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ALAN B 5860 STAFF DRIVE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BURT W 417 NW RACETRACK RD FT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 my address, with all other like empowered.

SIGNATURE:  **ALAN B. WARD** 4/8/04 850-682-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #