## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000099999

Entity Name: AB DATA SERVICES, INC.

FILED Jul 13, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1619 NW 9 AVE 5365 NE 1ST TER

FT. LAUDERDALE, FL 33311 US FT. LAUDERDALE, FL 33334 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 23086

FT LAUDERDALE, FL 333073086 US

FEI Number: 65-0889929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASHLEY, WILLIAM E ASHLEY, WILLIAM E 1619 NW 9 AVE 5365 NE 1ST TER

FT. LAUDERDALE, FL 33311 US FT. LAUDERDALE, FL 33334 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: WILLIAM E ASHLEY 07/13/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

ASHLEY, WILLIAM E ASHLEY, WILLIAM E Name: Name: 1619 NW 9 AVE 5365 NE 1ST TER Address: Address:

City-St-Zip: FT. LAUDERDALE, FL 33311 US City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: Title: () Delete (X) Change ( ) Addition Name:

NETTLES, BENJAMIN Name: NETTLES, BENJAMIN 1619 NW 9 AVE 5365 NE 1ST TER Address: Address:

FT. LAUDERDALE, FL 33311 US FT. LAUDERDALE, FL 33334 US City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition

BOYNTON, JESSE L Name: Name: 8500 SW 97TH AVE Address: Address: City-St-Zip: MIAMI, FL 33173 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 ASHLEY DIR 07/13/2005