

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071140

1. Entity Name
ABAMA INC.



05 JUN 22 PM 3:47

Principal Place of Business
369 TRAVINO AVE.
ST. AUGUSTINE, FL 32086

Mailing Address
369 TRAVINO AVE.
ST. AUGUSTINE, FL 32086

2. Principal Place of Business
1120 SOUTH SR-19
Suite, Apt. #, etc.

3. Mailing Address
1120 SOUTH SR-19
Suite, Apt. #, etc.



05112005 Chg-P CR2E034 (10/03) 05

City & State
PALATKA, FL
Zip
32177
Country
POTNAM

City & State
PALATKA, FL
Zip
32177
Country
POTNAM

4. FEI Number
59-3597422
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOUTER VAN DEN BERG, JAN
369 TRAVINO AVE.
ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1120 SOUTH SR-19
PALATKA, FL Zip Code 32177

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOUTER VAN DEN BERG, JAN	
STREET ADDRESS	369 TRAVINO AVE.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN WOUTER VAN DEN BERG	
STREET ADDRESS	1120 SOUTH SR-19	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500056611325	
STREET ADDRESS	06/28/05--01037--011	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-18-05

Date

Daytime Phone #