


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90041 046 \*\*\*150.00

<b>DOCUMENT # P99000072582</b> 1. Entity Name <b>A B SERVICE, INCORPORATED</b>			
Principal Place of Business <b>1308 SE 42ND ST. #1 CAPE CORAL, FL 33904</b>		Mailing Address <b>1308 SE 42ND ST. #1 CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <b>1207 NW 18th St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1207 NW 18th St.</b> Suite, Apt. #, etc.	
City & State <b>Cape Coral, FL</b> Zip <b>33993</b>		City & State <b>Cape Coral, FL</b> Zip <b>33993</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0997650</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSSMAN, DENNIS 1207 NW 18TH ST CAPE CORAL, FL 33993</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARTA, ANITA M</b> <b>1308 SW 42ND ST. #1</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only <b>Eichbuehelweg 38, 6840 Goetzis</b> <b>Austria</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Anita Barta</u> Anita Barta		Date <u>2/7/05</u> Daytime Phone # <u>239-772-0860</u>	