

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90040 050 \*\*\*150.00

**DOCUMENT # P99000085470**

1. Entity Name  
**THE ABRAHAM GROUP, INC.**



Principal Place of Business  
**1300 S LAKE HOWARD DR  
WINTER HAVEN, FL 33880 US**

Mailing Address  
**1300 S LAKE HOWARD DR  
WINTER HAVEN, FL 33880 US**

**24010851**



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3959917** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ABRAHAM, STEVEN  
1300 S LAKE HOWARD DR  
#508  
WINTER HAVEN, FL 33880**

**DO NOT WRITE  
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 reinstating)

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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABRAHAM, ALICE M
STREET ADDRESS	9 HAWTHORNE PLACE RR #2
CITY - ST - ZIP	ORILLIA ONTARIO CANADA,
TITLE	D
NAME	ABRAHAM, STEVEN K
STREET ADDRESS	1300 S LAKE HOWARD DR #508
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	ABRAHAM-PHILIP, KATHLEEN
STREET ADDRESS	9 HAWTHORNE PLACE, RR #2
CITY - ST - ZIP	ORILLIA ONTARIO L3V 6H2,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**STEVEN ABRAHAM**

**2/10/04**

Date

**863 293 5559**

Daytime Phone #