

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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**



01172005 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**

6. 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 file if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ABRAHAM, ALICE M
9 HAWTHORNE PLACE RR #2
ORILLIA ONTARIO CANADA,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ABRAHAM, STEVEN K
1300 S LAKE HOWARD DR #508
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ABRAHAM-PHILIP, KATHLEEN
9 HAWTHORNE PLACE, RR #2
ORILLIA ONTARIO L3V 6H2,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
Steven Abraham

Jan 18/05
Date

863-293-5559
Daytime Phone #