


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90035 048 \*\*\*\*70.00

**DOCUMENT # 700121**

1. Entity Name  
**ABILITIES, INC. OF FLORIDA**



Principal Place of Business  
**2735 WHITNEY ROAD**  
**CLEARWATER, FL 33760 US**

Mailing Address  
**2735 WHITNEY ROAD**  
**CLEARWATER, FL 33760 US**

**94023600**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01292004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0874493**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, GENE**  
**2735 WHITNEY ROAD**  
**CLEARWATER, FL 33760**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	WARDINSKI, BRUCE D	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	TAVERNA, JAMES	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JUDY	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, ALBERT M	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDALL, JAMIE	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOROTA JR, JOSEPH J	
STREET ADDRESS	2201 PADDOCK CIRCLE	
CITY-ST-ZIP	DUNEDIN, FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Gentry	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Burns	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
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 617, 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: *Joseph J. Sorota Jr* **Joseph J. Sorota Jr**, Dtr. **2/19/04** **707-796-1557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #