


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004495 1. Entity Name ABBOTT & COBB, INC.	
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Principal Place of Business 4151 STREET RD TREVOSE, PA 19053	Mailing Address P.O. BOX 307 FEASTERVILLE, PA 19053 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1936286	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD ABBOTT, ARTHUR C 777 NE HARBOUR DR BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPP, LINDA M 613 SOCIETY PLACE NEWTOWN, PA 18940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RINKUS, BETH ANN 1577 CREEK ROAD FURLONG, PA 18925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, DAVID 8 WHYTE CT. VOORHEES, NJ 08043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSON, JOHN P.O. BOX 710 (N/A) PLYMOUTH MTG., PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIMACK, AURIN 2430 EDWARD ROAD PALM BEACH GARDENS, PA 33410

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01/15/04-80002-002 158.75

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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] UJD Euzene 1/15/04 215-245-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #