


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 278304 1. Entity Name AMERICAN BUSINESS FORMS, INC.	
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Principal Place of Business 6113-A CLARK CENTER AVENUE SARASOTA, FL 34238 US	Mailing Address 6113-A CLARK CENTER AVENUE SARASOTA, FL 34238 US
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04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1038185	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECHTMAN, JEROME
5453 EAGLE S PT. CIR.
SARASOTA, FL 34231

**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, 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	PRES SCHECHTMAN, JEROME 5453 EAGLES PT CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT SCHECHTMAN, MARGRIT 5453 EAGLES PT CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE SCHECHTMAN, TOMMY 5453 EAGLES PT CIRCLE SARASOTA, FL 34231
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04/29/05-80025-009 150.00

**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)(f), 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: Jerome Schechtmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 941-921-5502
Date Daytime Phone #