

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 278304

1. Entity Name  
AMERICAN BUSINESS FORMS, INC.



Principal Place of Business  
6113-A CLARK CENTER AVENUE  
SARASOTA, FL 34238 US

Mailing Address  
6113-A CLARK CENTER AVENUE  
SARASOTA, FL 34238 US

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1038185

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2006 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000556562  
05/17/06-80014-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SCHECHTMAN  
Jerome Schechtman, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 94-921-5502  
Date Daytime Phone #