


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

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
--	--



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1038185	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 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	

U00000729399
05/08/07-80038-012 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEROME SCHECHTMAN, PRES.

4-23-07 **941-921-5502**
Date Daytime Phone #