


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90025 027 ***158.75

| | |
|--|---|
| DOCUMENT # F96000003379 |  |
| 1. Entity Name AMERICAN BUSINESS SYSTEMS CONSULTANTS, INC. | |

| | |
|---|---|
| Principal Place of Business 18917 AVENUE BIARRITZ LUTZ FL 33558-5311 US | Mailing Address 18917 AVENUE BIARRITZ LUTZ FL 33558-5311 US |
|---|---|

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|---|---|
| 2. Principal Place of Business 9716 LAKE CHASE ISLAND WAY | 3. Mailing Address 9716 LAKE CHASE ISLAND WAY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|----------------------------------|
| City & State TAMPA FL. | City & State TAMPA FL. |
| Zip 33626-1946 | Zip 33626-1946 |
| Country USA | Country USA |



MOORE CR2E034 (11/03)

| | | |
|--|--|--|
| 4. FEI Number 38-2634570 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CUDNOHUFsky, DAVID R 18917 AVENUE BIARRITZ LUTZ FL 33558-5311 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE P | <input type="checkbox"/> Delete | TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CUDNOHUFsky, DAVID R | | NAME CUDNOHUFsky, DAVID R. | |
| STREET ADDRESS 18917 AVENUE BIARRITZ | | STREET ADDRESS 9716 LAKE CHASE ISLAND WAY | |
| CITY-ST-ZIP LUTZ FL 33558-5311 | | CITY-ST-ZIP TAMPA, FL 33626-1946 | |
| TITLE VTs | <input type="checkbox"/> Delete | TITLE VTs | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CUDNOHUFsky, JENI P | | NAME CUDNOHUFsky, JENI P. | |
| STREET ADDRESS 18917 AVENUE BIARRITZ | | STREET ADDRESS 9716 LAKE CHASE ISLAND WAY | |
| CITY-ST-ZIP LUTZ FL 33558-5311 | | CITY-ST-ZIP TAMPA, FL 33626-1946 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: *Jeni P. Cudnohufsky* **JENI P. CUDNOHUFsky** **2-3-04** **813/926-2122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #