

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90032 048 ***158.75

DOCUMENT # F96000003379

1. Entity Name

AMERICAN BUSINESS SYSTEMS CONSULTANTS, INC.



Principal Place of Business

9716 LAKE CHASE ISLAND WAY
TAMPA FL 33626
US

Mailing Address

9716 LAKE CHASE ISLAND WAY
TAMPA FL 33626
US



2. Principal Place of Business

5430 DEERBROOKE CRK CIR

3. Mailing Address

5430 DEERBROOKE CRK CIR

Suite, Apt. #, etc.

APT-28

Suite, Apt. #, etc.

APT-28

City & State

TAMPA

FL

City & State

TAMPA

FL

Zip

33624

Country

USA

Zip

33624

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

38-2634570

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUDNOHUFsky, DAVID R
9716 LAKE CHASE ISLAND WAY
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5430 DEERBROOKE CREEK CIRCLE

APT. 28

City

TAMPA

FL

Zip Code

33624

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

David R. Cudnohufsky

DAVID R CUDNOHUFsky, PRESIDENT

2-14-06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CUDNOHUFsky, DAVID R
STREET ADDRESS 9716 LAKE CHASE ISLAND WAY
CITY-ST-ZIP TAMPA FL 33626

TITLE VTS ☐ Delete
NAME CUDNOHUFsky, JENI P
STREET ADDRESS 9716 LAKE CHASE ISLAND WAY
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5430 DEERBROOKE CREEK CIRCLE #28
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5430 DEERBROOKE CREEK CIRCLE #28
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David R. Cudnohufsky

DAVID R. CUDNOHUFsky

Date

2-14-06

Daytime Phone #

813/963-7799