2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Ck# [illegible] FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000003379

1. Entity Name
AMERICAN BUSINESS SYSTEMS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
5430 DEERBROOKE CREEK CIRCLE SUITE 28 TAMPA FL 33624 US	5430 DEERBROOKE CREEK CIRCLE SUITE 28 TAMPA FL 33624 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 38-2634570 — Applied For / Not Applicable

[redacted]

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUDNOHUFSKY, DAVID R
5430 DEERBROOKE CREEK CIRCLE
SUITE 28
TAMPA FL 33624

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 [signature] DAVID R. CUDNOHUFSKY PRESIDENT 2-14-07
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
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	5430 DEERBROOKE CREEK CIRCLE SUITE 28	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VTS	☐ Delete
NAME	CUDNOHUFSKY, JENI P	
STREET ADDRESS	5430 DEERBROOKE CREEK CIRCLE SUITE 28	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	U00000673744	
STREET ADDRESS	03/29/07-80040-025 158.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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: [signature] DAVID R. CUDNOHUFSKY 2-22-07 813/963-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #