

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G15611

1. Entity Name
AMERICAN BUSINESS MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**% JAMES W. LEE
225 PAWNEE DRIVE
ORMOND BEACH, FL 32174**

Mailing Address
**% JAMES W. LEE
225 PAWNEE DRIVE
ORMOND BEACH, FL 32174**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2245611

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, JAMES W.
225 PAWNEE DR
ORMOND BEACH, FL 32174**

**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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	STEPHEY, E.G.
STREET ADDRESS	3602 ROYAL FERN CIRCLE
CITY- ST- ZIP	DELAND, FL 32724
TITLE	PD
NAME	LEE, JAMES W
STREET ADDRESS	225 PAWNEE DR
CITY- ST- ZIP	ORMOND BEACH, FL
TITLE	DST
NAME	LEE, BARBARA M
STREET ADDRESS	225 PAWNEE DR
CITY- ST- ZIP	ORMOND BEACH, FL
TITLE	DVP
NAME	LEE, BRIAN J
STREET ADDRESS	810 TRIBBLE COVE DRIVE SW
CITY- ST- ZIP	LAWRENCEVILLE, GA
TITLE	VP
NAME	WILSON, ANDREW S
STREET ADDRESS	225 PAWNEE DRIVE
CITY- ST- ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/16/04-80004-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: James W. Lee (JAMES W. LEE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04
Date

386-673-2379
Daytime Phone #