

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 039 ***150.00

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**



03022005 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. BARBARA D.
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 *J. W. Lee*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SEC-TREA 3/16/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **9802 ROYAL FERN CIRGLE 2515 GLEN EAGLES DR**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **PD COB**
NAME **LEE, JAMES W**
STREET ADDRESS **225 PAWNEE DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **DST**
NAME **LEE, BARBARA M D**
STREET ADDRESS **225 PAWNEE DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **DVP P**
NAME **LEE, BRIAN J**
STREET ADDRESS **810 TRIBBLE COVE DRIVE SW SE**
CITY-ST-ZIP **LAWRENCEVILLE, GA 30045**

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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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: *J. W. Lee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC-TREA 3/16/05 386/673-2379
Date Daytime Phone #