2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G31122

1. Entity Name
AMERICAN BUSINESS FORMS & GRAPHICS, INC.

Principal Place of Business	Mailing Address
13266 BYRD DRIVE	P.O. BOX 974
ODESSA, FL 33556 US	ODESSA, FL 33556 US

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

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6. Name and Address of Current Registered Agent

POWERS, ROBERT E
18610 WAYNE RD
ODESSA, FL 33556

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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: *Robert E Powers*   DATE 1-22-07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U000000604058 01/29/07-80038-011 150.00

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10.   OFFICERS AND DIRECTORS

TITLE	C
NAME	POWERS, ROBERT E
STREET ADDRESS	18610 WAYNE RD
CITY-ST-ZIP	ODESSA, FL

TITLE	P
NAME	POWERS, JOAN BOMAN
STREET ADDRESS	18610 WAYNE RD
CITY-ST-ZIP	ODESSA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Robert E Powers*   1-22-07   813 920 3929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #