


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 009 ***150.00

DOCUMENT # J28335 1. Entity Name AMERICAN BUSINESS FINANCE, INC.					
Principal Place of Business 5341 SARAPPOINT DRIVE SARASOTA, FL 34232				Mailing Address 5341 SARAPPOINT DRIVE SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box # 6125 14TH ST W		3. Mailing Address 6094 14TH ST W			
Suite, Apt. #, etc. APT 163		Suite, Apt. #, etc. PMB 129			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 59-2712583	
Zip 34207		Country MAVAREE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNAPP, GLEN A. 5341 SARAPPOINT DRIVE SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name KNAPP, GLEN A. Street Address (P.O. Box Number is Not Acceptable) 6125 14TH ST W APT 163 City Bradenton FL Zip Code 34207			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNAPP, GLEN A. 5341 SARAPPOINT DRIVE SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Glen Knapp, Glen A 6125 14TH ST W APT 163 Bradenton, FL 34207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Glen Knapp, P.D.</i></u>			1-4-08 941538-4054		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR			Date Daytime Phone #		