

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000004142

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** AUTOMATED BILLING CENTER INC.

**Current Principal Place of Business:**

6544 EDGEWORTH DR  
ORLANDO, FL 32819

**New Principal Place of Business:**

7512 DR PHILLIPS BLVD.  
SUITE 50-404  
ORLANDO, FL 32819

**Current Mailing Address:**

6544 EDGEWORTH DR  
ORLANDO, FL 32819

**New Mailing Address:**

7512 DR PHILLIPS BLVD.  
SUITE 50-404  
ORLANDO, FL 32819

**FEI Number:** 59-3689650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEDING, SHAVONNE M  
6544 EDGEWORTH DRIVE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

STEDING, SHAVONNE M  
7512 DR PHILLIPS BLVD.  
SUITE 50-404  
ORLANDO, FL 32819 US

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.

**SIGNATURE:** DAVID J STEDING

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** STEDING, SHAVONNE M  
**Address:** 7512 DR PHILLIPS BLVD., SUITE 50-404  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** VP,  
**Name:** STEDING, DAVID J  
**Address:** 7512 DR PHILLIPS BLVD., SUITE 50-404  
**City-St-Zip:** ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID J STEDING

VP

02/08/2012

Electronic Signature of Signing Officer or Director

Date