

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091092

FILED  
Jul 06, 2005  
Secretary of State

**Entity Name:** AMERICAN BILLING SERVICE OF JACKSONVILLE INTERNATIONAL, INC.

**Current Principal Place of Business:**

4427 EMERSON ST BLD 3 STE G  
JACKSONVILLE, FL 322074969 US

**New Principal Place of Business:**

4161 CARMICHAEL  
SUITE #210  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

PO BOX 5310  
JACKSONVILLE, FL 32247 US

**New Mailing Address:**

FEI Number: 37-1439123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PLEIMAN, THOMAS C JR  
9471 BAYMEADOWS RD STE 308  
JACKSONVILLE, FL 32256 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOBLIT, JOHN M  
Address: PO BOX 5310  
City-St-Zip: JACKSONVILLE, FL 32247

Title: VP ( ) Delete  
Name: HOBLIT, MONTEEN  
Address: PO BOX 5310  
City-St-Zip: JACKSONVILLE, FL 32247

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MONTEEN HOBLIT

MRS

07/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date