2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-28-2007 90014 032 ***150.00
P03000030483

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030483

1. Entity Name
AMERICAN BOOKKEEPING SERVICES, INC.

Principal Place of Business	Mailing Address
1310 40 AVE VERO BCH, FL 32960	1310 40 AVE VERO BCH, FL 32960

02022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1310 40th Ave		1310 40th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 55-0822524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESKIN, ROBERT C
1310 ~~40 AVE~~ 40th Ave
VERO BCH, FL 32960

7. Name and Address of New Registered Agent

Name: ESKIN, ANNA C.
Street Address (P.O. Box Number is Not Acceptable): 1310 40th AVE
City: VERO BEACH FL Zip Code: 32960

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: [signature] Anna C Eskin   ANNA C. ESKIN VP 2/5/07   Robert C Eskin Pres 2/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESKIN, ROBERT C 1310 ~~40 AVE~~ 40th Ave VERO BCH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESKIN, ANNA C 1310 ~~40 AVE~~ 40th Ave VERO BCH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Anna C Eskin   ANNA C ESKIN VP   2/5/07   772-299-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

JC 3/29