

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90106 049 ***150.00

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01152007 Chg-P CR2E034 (12/06)

DOCUMENT #V31088 1. Entity Name AUTOMATIC BUSINESS PRODUCTS COMPANY, INC.																																			
Principal Place of Business 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168		Mailing Address 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168																																	
2. Principal Place of Business - No P.O. Box # 1827 WRIGHT DRIVE Suite, Apt. #, etc.		3. Mailing Address 1827 WRIGHT DR. Suite, Apt. #, etc.																																	
City & State PORT ORANGE, FL Zip 32128 Country USA		City & State PORT ORANGE, FL Zip 32128 Country USA																																	
4. FEI Number 06-0846942		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent FOOTE, R.W. 1531 AIRWAY CIRCLE 1827 WRIGHT DR. NEW SMYRNA BEACH, FL 32168 PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent (SAME) FOOTE, R.W. Street Address (P.O. Box Number is Not Acceptable) 1827 WRIGHT DRIVE City PORT ORANGE FL Zip Code 32128																																	
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: <u>RW Foote</u> DATE: <u>1/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D <input type="checkbox"/> Delete FOOTE, RICHARD W. 1531 AIRWAY CIRCLE 1827 WRIGHT DR. NEW SMYRNA BEACH, FL PORT ORANGE, FL </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FOOTE, RICHARD W. 1531 AIRWAY CIRCLE 1827 WRIGHT DR. NEW SMYRNA BEACH, FL PORT ORANGE, FL															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>RW Foote</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/16/07</u> Daytime Phone #: <u>386-682-5785</u>																																	