


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90034 010 \*\*\*150.00

DOCUMENT # P03000143822  
 1. Entity Name  
**APB & J CORPORATION**



Principal Place of Business Mailing Address  
 204 MARACAL WAY 204 MARACAL WAY  
 PUNTA GORDA FL 33983 PUNTA GORDA FL 33983  
*(see address change below)*

2. Principal Place of Business 3. Mailing Address  
 653 N. Dixie Freeway *(same)*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 New Smyrna Beach, FL.  
 Zip Country Zip Country  
 32168 USA

4. FEI Number Applied For  
 36-4544647 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BOSKER, JACK R  
 204 MARACAL WAY  
 PUNTA GORDA FL 33983  
*address change*

7. Name and Address of New Registered Agent  
 Name: Jack R. Bosker  
 Street Address (P.O. Box Number is Not Acceptable): 653 N. Dixie Freeway  
 City: New Smyrna Beach FL Zip Code: 32168

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Jack Bosker* JACK BOSKER DATE: 2/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P, D	<input checked="" type="checkbox"/> Delete
NAME	BOSKER, JACK R	
STREET ADDRESS	204 MARACAL WAY	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOSKER, PAMELA G	
STREET ADDRESS	204 MARACAL WAY	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	S, T	<input checked="" type="checkbox"/> Delete
NAME	BOSKER, PAMELA G	
STREET ADDRESS	204 MARACAL WAY	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bosker, Jack R.	
STREET ADDRESS	653 N. Dixie Freeway	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bosker, Pamela J	
STREET ADDRESS	(same as above)	
CITY-ST-ZIP		
TITLE	S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bosker, Pamela J.	
STREET ADDRESS	(same as above)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE: *Jack R. Bosker* DATE: 2-27-04 DAYTIME PHONE #: 386-427-3459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66407115



MOORE CR2E034 (11/03)