


2005 FOR PROFIT CORPORATION ANNUAL REPORT

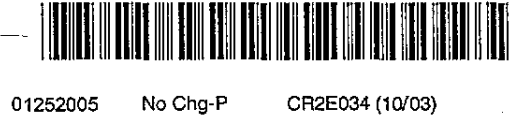
FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000143822
 1. Entity Name
 APB & J CORPORATION



Principal Place of Business Mailing Address
 653 N. DRIVE FREEWAY 653 N. DRIVE FREEWAY
 NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE



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

6. Name and Address of Current Registered Agent
 BOSKER, JACK R
 653 N. DIXIE FREEWAY
 NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	BOSKER, JACK R
STREET ADDRESS	653 N. DIXIE FREEWAY
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VP
NAME	BOSKER, PAMELA J
STREET ADDRESS	653 N. DIXIE FREEWAY
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	S, T
NAME	BOSKER, PAMELA J
STREET ADDRESS	204 MARCAL WAY
CITY - ST - ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000309540
 04/16/05-80041-021 150.00

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 807, 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: Jack Bosker JACK BOSKER 4/1/05 386-457-3459
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #