

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143822

Entity Name: APB & J CORPORATION

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

653 N. DRIVE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

653 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

653 N. DRIVE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

653 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

FEI Number: 36-4544647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSKER, JACK R
653 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: BOSKER, JACK R
Address: 653 N. DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP () Delete
Name: BOSKER, PAMELA J
Address: 653 N. DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S, T () Delete
Name: BOSKER, PAMELA J
Address: 5300 S ATLANTIC AVE # 3304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: JACK BOSKER

PD

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date