2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P99000038765** 1. Entity Name A. B. & B. MANUFACTURING, INC. Principal Place of Business Mailing Address 836 MAMIC ROAD P.O. BOX 6456 JACKSONVILLE, FL 32236 JACKSONVILLE, FL 32205 04292004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3577788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROOKS, JAMES T** DO NOT WRITE 7817 MUD LAKE RD. MACCLENNY, FL 32063 IN THIS SPACE 5. 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 #0000014916**5** Trust Fund Contribution. Added to Fees /03/04-80137-002 150.00 OFFICERS AND DIRECTORS 10. TITLE BROOKS, JAMES T NAME STREET ADDRESS 7817 MUD LAKE RD. CFTY-ST-ZIP MACCLENNY, FL 32063 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-SY-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 all other like empowered

SIGNATURE:

NAME STREET ADDRESS

THE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4 29/04 9046952428

FILED