


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000097008	
1. Entity Name AABCO STORM SHUTTER MANUFACTURING, INC.	

Principal Place of Business 1577 SW 1ST WAY E-8 DEERFIELD BEACH, FL 33441	Mailing Address 1577 SW 1ST WAY E-8 DEERFIELD BEACH, FL 33441
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DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0792372	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BADE, CHERYL L 2840 NE 33RD CT. #16 FORT LAUDERDALE, FL 33306
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000126502 04/23/04-80036-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P NOBLE, JOHN E 4220 122ND DR. NORTH ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPS BADE, CHERYL L 2840 NE 33RD CT. #16 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T BADE, RONALD E 9271 SUN POINTE DR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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IN THIS SPACE

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 all other like empowered.

SIGNATURE: <u>C.L. BADE</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/19/04	954-428-0208
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