

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

DOCUMENT # H65375

1. Entity Name

DABNEY INDUSTRIES, INC.



**FILED
Feb 23, 2004 8:00 am
Secretary of State**

02-23-2004 90060 019 ***150.00

Principal Place of Business
14935 NW 27TH AVE
OPA-LOCKA FL 33054-3354
US

Mailing Address

14935 NW 27TH AVE
OPA-LOCKA FL 33054-3354
US

2. Principal Place of Business

14127 NW 19th Ave

Suite, Apt. #, etc.

3. Mailing Address

14127 NW 19th Ave

Suite, Apt. #, etc.

City & State
OPA-LOCKA FLORIDA

Zip
33054

Country
DADE

City & State
OPA-LOCKA FLORIDA

Zip
33054

Country
DADE

4. FEI Number

59-2590049

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DABNEY, SR. H
16591 NE 35 AVE
N-MIAMI BCH FL 33160

Name

DABNEY, SR. H

Street Address (P.O. Box Number is Not Acceptable)

14127 NW 19th Ave

City

OPA-LOCKA

FL

Zip Code
33054

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-04

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
DABNEY, HOWARD A SR
6973 OVERSEAS HWY #13
MARATHON FL 33050

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
HOWARD A. DABNEY
14,127 HW 19th Ave
OPA-LOCKA FL 33054

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04 305-688-0032
Date
Daytime Phone #