

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 026 \*\*\*150.00

**DOCUMENT # H65375**

1. Entity Name

DABNEY INDUSTRIES, INC.



Principal Place of Business

14127 N.W. 19TH AVE  
OPA LOCKA FL 33054  
US

Mailing Address

14127 N.W. 19TH AVE  
OPA LOCKA FL 33054  
US

*Manufacturing CLOSED.*



2. Principal Place of Business - No P.O. Box #

*CLOSED march 2008*

3. Mailing Address

*6973 O.S.H. # 3*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*3*

1st MOORE

CR2E034 (10/07)

City & State

City & State

*MARATHON FL*

4. FEI Number

59-2590049

Applied For

Not Applicable

Zip

Country

Zip

Country

*33050*

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DABNEY, H. SR.  
14127 N.W. 19TH AVE  
OPA LOCKA FL 33054

Name

*HOWARD A. DABNEY*

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

*6973 OVERSEAS Hwy # 3*

City

*MARATHON*

*FL*

Zip Code

*33050*

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

*Howard A. Dabney*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	PTS	<input type="checkbox"/> Delete
NAME	DABNEY, HOWARD A	
STREET ADDRESS	14157 N.W. 19TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, Howard A	
STREET ADDRESS	6973 OVERSEAS Hwy # 3	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Howard A. Dabney*  
417

*Howard A. Dabney*

*3/25/08*

*305-879-6773*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #