

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74888

FILED
Jan 15, 2009
Secretary of State

Entity Name: A & K MACHINE & FAB SHOP, INC.

Current Principal Place of Business:

3451 W BEAVER ST
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14942
JACKSONVILLE, FL 322381942 US

New Mailing Address:

FEI Number: 59-2935018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINE, KENNETH D.
5962 JOY DR
JACKSONVILLE, FL 32244 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 () Delete
Name: STINE, ALICE M
Address: 5962 JOY DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: V () Delete
Name: STINE, KENNETH D
Address: 5962 JOY DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: C () Delete
Name: RHODEN, CYNTHIA W
Address: 4711 PINEWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: C () Delete
Name: WARNER, RONALD E
Address: 2581 SANDALWOOD DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: HORNING, MARY S
Address: 6002 WOODSIDE DR
City-St-Zip: JAX, FL 32210

Title: ST () Delete
Name: SMITH, JENNIFER L
Address: 8151 LA MARNE DR
City-St-Zip: JACKSONVILLE, FL 32221

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:

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 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: JENNIFER SMITH

ST

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date