


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90031 036 ***150.00

DOCUMENT # P05000124221		
1. Entity Name B & N FABRICATING, INC.		
Principal Place of Business 1525 & 1529 DOLGER PLACE PORT OF SANFORD, FL 32771 US		Mailing Address 1525 & 1529 DOLGER PLACE PORT OF SANFORD, FL 32771 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ISAACKS, NANCY L 1525 & 1529 DOLGER PLACE PORT OF SANFORD, FL 32771		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ISAACKS, BENJAMIN C 1525 & 1529 DOLGER PLACE PORT OF SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ISAACKS, NANCY L 1525 & 1529 DOLGER PLACE PORT OF SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE 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 Chapter 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: <u>Benjamin C Isaack</u> Benjamin C Isaack 16-07 407-328-0113 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		